Notice of Instruction

West Central Florida Area Agency on Aging, Inc.

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Assistance. Advocacy. Answers on Aging.

5905 Breckenridge Parkway, Suite F
Tampa, Florida 33610
(813) 740-3888
(800) 336-2226 (FL)
Fax (813) 623-1342

Notice of Instruction Number: 102312-Correction to service descriptions for DOEA Program and Services Handbook (Appendix A)

TO: All Providers

FROM: Christy Wright, Program Manager

DATE: October 23, 2012

 SUBJECT: Notice of Instruction: Correction to service descriptions for Department of Elder Affairs *Programs and Services Handbook* (Appendix A)

 The purpose of this Notice is to inform you of corrections to some service descriptions which were printed in the July 2012 Department of Elder Affairs *Programs and Services Handbook (Appendix A)*.
The following service descriptions were edited:
Brief Intervention and Treatment for Elders (BRITE)
Counseling (Gerontological)
Counseling (Mental Health)
Disease Information
Enhance Wellness
Health Promotion
Health Risk Assessment
Health Risk Screening
Healthy Eating Every Day
Healthy Moves for Aging Well
Home Injury Control
Medication Management
Nutrition Counseling
Physical Fitness
Walk with Ease

 Please see the attached corrected service descriptions for DOEA Programs and Services Handbook, (Appendix A).

According to the Administration on Aging, National Council on Aging, and Stanford University, Active Choices is no longer an evidence-based program. Active Choices will be deleted from the DOEA Programs and Services Handbook (Appendix A) and from CIRTS. Thank you for your continued cooperation. Please contact your contract manager if you have questions.

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PROGRAM FUNDING SOURCE(S): OAAIIID

PROGRAM AUTHORITY:

Program Funding	**Specific Authority**
Rulemaking	**Section 430.08, F.S.**
OAAIIID	**Older Americans Act, Title III, Part D**

A. **DESCRIPTION:** A Matter of Balance Program was adapted from Boston University Roybal Center by Maine's Partnership for Healthy Aging. A Matter of Balance uses practical coping strategies to reduce fear of falling and to diminish the risk of falling, including group discussions, mutual problem solving, exercises to improve strength, coordination and balance, and home safety evaluation.

For more information please go to:
http://www.mainehealth.org/pfha
http://www.healthyagingprograms.org/content.asp?sectionid=32&ElementID=489

B. **DELIVERY STANDARDS/SPECIAL CONDITIONS:**
1. This program is targeted for older adults 60 or over. Sessions should be held in a facility that is ADA accessible with enough space for participants to move around comfortably. Materials needed for the classes include a TV and VCR or DVD, participant workbooks, and attendance sheet. For more information please visit the websites provided under DESCRIPTION.

2. Other program requirements include:
   a. Number of weeks: 8 weeks (once a week) or 4 weeks (twice a week)
   b. Workshop participant size: Minimum 8 participants and Maximum 14 participants
   c. Session length: 2 hours a session
   d. Two coaches are required to facilitate sessions. Master Trainers are not required to facilitate workshops in pairs however it is recommended to ensure fidelity of program.

3. This service is an evidence-based program which meets AoA's Highest-level Criteria:
- Undergone Experimental or Quasi-Experimental Design.
- Level at which full translation has occurred in a community site.
- Level at which dissemination products have been developed and are available to the public.

C.   PROVIDER QUALIFICATIONS:

1. This evidence-base program is facilitated by either Master Trainers or coaches. Master Trainers are trained by individuals from MaineHealth's Partnership for Healthy Aging (PFHA).

2. Coaches are trained by Master Trainers.

3. The Master Trainer receives a license agreement and is responsible for and providing technical assistance to the coaches.

4. Provider must maintain program fidelity to the original program design by Boston University Roybal Center.

A.   RECORD KEEPING AND REPORTING REQUIREMENTS:

1. The provider shall maintain all appropriate documentation as set forth by the program (i.e., participant data, sign in sheets (which includes the time started, time ending, date, location, funding source, Title of evidence-based program, and signature of individuals participating), evaluations, workshop information, etc.).

2. The contractor must verify and maintain documentation of provider qualifications for service.

3. Unit of Service Group: One episode of direct service with a minimum of 8 participants and maximum of 14 participants on the first session. The same participants would continue through the 8-week course. One episode equals 8 week session. The entire eight weeks needs to be completed prior to submitting for payment.

4.   CIRTS reporting requirements are below. ↓

CIRTS REPORTING REQUIREMENTS				
PROGRAM	**SERVICE**	**REPORTING OF SERVICES**	**OAA CLIENT REQUIREMENTS**	**MAX UNITS**
OA3D	MOBG (GROUP)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999

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PROGRAM FUNDING SOURCE(S): OAAIIID

PROGRAM AUTHORITY:

Program Funding   Specific Authority

Rulemaking   Section 430.08, F.S.

OAAIIID   Older Americans Act, Title III, Part D

A.   **DESCRIPTION:** Active Choices was developed by Stanford University to help older adults aged sixty years and older who would like to increase their level of physical activity and movement. Each participant is assigned a trained activity coach who helps him/her build an individualized exercise plan. Regular monthly phone support enables the Active Choices coach to monitor progress, modify exercise strategies as needed, and provide exercise tips.

B.   **DELIVERY STANDARDS/SPECIAL CONDITIONS:** Active Choices is a six-month telephone support program that empowers participants to increase their physical movement by pairing them with a personal Activity Coach. Together, participant and coach build an individualized physical activity plan based the on preferences and abilities of the participant. Participants in the Active Choices program can get on-going support from the convenience of their own home: no travel is required. The participant and Activity Coach schedule an initial face-to-face meeting and then support continues through phone & mail correspondence. Calls are scheduled according to mutually agreed upon times that are convenient for both participant and Activity Coach.

This service is an evidence-based program which meets AoA's Highest-level Criteria:
- Undergone Experimental or Quasi-Experimental Design.
- Level at which full translation has occurred in a community site.
- Level at which dissemination products have been developed and are available to the public.

C.   **PROVIDER QUALIFICATIONS:**
   1.   All information on how to implement the program and other requirements are found on the materials developed and sold by the Stanford Health Promotion Resource Center at the website provided below:

         http://hprc.stanford.edu/pages/store/itemDetail.asp?118.

2.   Provider must maintain program fidelity to the original program design by the Stanford Health Promotion Resource Center.

D.   RECORD KEEPING AND REPORTING REQUIREMENTS:

1.   The provider shall maintain all appropriate documentation as set forth by the program (i.e., participant data, sign in sheets (which includes the time started, time ending, date, location, funding source, Title of evidence-based program, and signature of individuals participating), evaluations, workshop information, etc.).

2.   The contractor must verify and maintain documentation of provider qualifications for service.

3.   Unit of Service Individual: One hour of direct service with or on behalf of a client accumulated on a daily basis.

4.   The provider shall maintain a summary note for each contact, copy of the assessment, and the treatment plan.

5.   CIRTS reporting requirements are below. ↓

CIRTS REPORTING REQUIREMENTS				
PROGRAM	**SERVICE**	**REPORTING OF SERVICES**	**OAA CLIENT REQUIREMENTS**	**MAX UNITS**
OA3D	ACCHI (INDIV)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999

PROGRAM FUNDING SOURCE(S): OAAIIID

PROGRAM AUTHORITY:

Program Funding   **Specific Authority**

Rulemaking   **Section 430.08, F.S.**

OAAIIID   **Older Americans Act, Title III, Part D**

A.   **DESCRIPTION:** Active Living Every Day (ALED) is a step-by-step behavior change program that helps individuals overcome their barriers to physical activity. ALED offers alternatives to more traditional, structured exercise programs. Participants choose their own activities and create their own plans based on their lifestyle and personal preferences, focusing on moderate-intensity activities that can be easily added to their daily routines. The course text and online tools offer structure and support as participants explore their options and begin to realize how enjoyable physical activity can be. As participants work through the course, they learn lifestyle management skills and build on small successes, methods that have proven effective in producing lasting change.

For more information please contact:
Michelle Maloney
800-747-4457 ext. 2522
MichelleM@hkusa.com

B.   **DELIVERY STANDARDS/SPECIAL CONDITIONS:**
   1. This program was developed by the Cooper Institute and Human Kinetics. It is a 12 week (modifiable to 20-week) course, and it can be offered in a group or one-on-one format, and focuses on behavior change to help sedentary adults adopt and maintain physically active lifestyles.

   2. Participants must each receive a copy of the Active Living Every Day Participant Package for the course.

   3. It is recommended that group participant workshops start out with a minimum of five individuals and maximum of 20. In order to gain the full benefit of the program, it is recommended that participants attend at least 70 percent of the sessions: 14 out of 20 or 10 out of 14, depending on the format chosen.

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4. This service is an evidence-based program which meets AoA's Highest-level Criteria:

- Undergone Experimental or Quasi-Experimental Design.
- Level at which full translation has occurred in a community site.
- Level at which dissemination products have been developed and are available to the public.

C.   PROVIDER QUALIFICATIONS:

1.   To become an Active Living Partner you must:

a.   Contact Active Living Partners (information under program description above).

b.   Sign a license agreement. This allows you to offer Active Living Partners courses and to use our name, logo, and materials.

c.   Complete facilitator training. We ask all our providers to complete an online facilitator course, participate in either an in-person or Web-based training workshop, and pass an online exam. You don't have to be a health care professional to be a program provider. Anyone interested in helping others improve their health can train to be a facilitator.

d.   Start offering courses – Active Living Partners will provide lesson plans, marketing materials, guidance on working with groups, and support from our staff when you need it.

2.   Provider must maintain program fidelity to the original program design by The Cooper Institute.

D.   RECORD KEEPING AND REPORTING REQUIREMENTS:

1.   The provider shall maintain all appropriate documentation as set forth by the program (i.e., summary notes for each contact, copy of the assessment, and the treatment plan).

2.   The provider shall maintain all appropriate documentation as set forth by the program (i.e., participant data, sign in sheets (which includes the time started, time ending, date, location, funding source, Title of evidence-based program, and signature of individuals participating), evaluations, workshop information, etc.).

3.   The contractor must verify and maintain documentation of provider qualifications for service.

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4. **Unit of Service Individual:** One episode of direct service with a minimum of 5 participants and maximum of 20 participants on the first session for the entire 12 or 20 week course. The same participants would continue through the 12 or 20 week course. One episode equals one individual for the full 12 or 20 week course.

5. **Unit of Service Group:** One episode of direct service with a minimum of 5 participants and maximum of 20 participants on the first session for the entire 12 or 20 week course regardless of the numbers of participants for the entire 12 or 20 week course. The same participants would continue through the 12 or 20 week course. One episode equals one full 12 or 20 week course.

6. CIRTS reporting requirements are below. ↓

CIRTS REPORTING REQUIREMENTS				
PROGRAM	**SERVICE**	**REPORTING OF SERVICES**	**OAA CLIENT REQUIREMENTS**	**MAX UNITS**
OA3D	ALEDG (GROUP)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
OA3D	ALEDI (INDIV)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999

PROGRAM FUNDING SOURCE(S): OAAIIID

PROGRAM AUTHORITY:

Program Funding   Specific Authority

Rulemaking   Section 430.08, F.S.

OAAIIID   Older Americans Act, Title III, Part D

A.   DESCRIPTION: The Arthritis Foundation Exercise Program (AFEP) is a group, recreational exercise program designed specifically for people with arthritis and related diseases. The program uses gentle activities to help increase joint flexibility and range of motion, maintain muscle strength, and to increase overall stamina. Other reported benefits by previous participants include, increased functional ability, increased self-care behaviors, decreased pain and decreased depression. The exercises learned in the program, however, should not replace therapeutic exercises prescribed for the participant by their therapist.

For more information please go to:
http://www.arthritis.org/media/chapters/mic/Leaders%20Corner/Starter%20Kit%20-%20AFEP%20Instructor.pdf

B.   DELIVERY STANDARDS/SPECIAL CONDITIONS:

1.   AFEP classes meet for one hour, one to three times per week, for eight weeks. There is a minimum of 10 and a maximum of 20 participants allowed in each class. Instructors select from a total of over 70 exercises, performed while sitting, standing, or lying on the floor. Also included are a variety of endurance-building activities, games, relaxation techniques, and health education topics. Because there are many types of arthritis, two different levels of the AFEP program are available: basic and advanced.

2.   The host sites in which Arthritis Foundation Exercise Program classes are conducted must be an accessible site consistent with the Americans with Disabilities Act, and the exercise room must set-up in a way that facilitates safe, comfortable, effective group interaction and activity. For specific requirements on how to accomplish this visit the website provided under DESCRIPTION above**.**

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3.   This service is an evidence-based program which meets AoA's Highest-level Criteria:
- Undergone Experimental or Quasi-Experimental Design.
- Level at which full translation has occurred in a community site.
- Level at which dissemination products have been developed and are available to the public.

C.   PROVIDER QUALIFICATIONS:

1.   Certification as an Arthritis Foundation Exercise Program Instructor requires:

    a.   Successful completion of an Arthritis Foundation Exercise Program Instructor Training Workshop

    b.   Successful teaching of at least six one-hour Arthritis Foundation Exercise Program classes within six months of completing an Arthritis Foundation Exercise Program Instructor Training Workshop and submission of participant data to the Arthritis Foundation.

    c.   Teaching at least one class series annually and submission of participant data.

    d.   Attendance at recertification training every three years.

2.   Please visit the website provided under DESCRIPTION above for other important instructor requirements.

3.   Provider must maintain program fidelity to the original program design by The Arthritis Foundation.

D.   RECORD KEEPING AND REPORTING REQUIREMENTS:

1.   The provider shall maintain all appropriate documentation as set forth by the program (i.e., participant data, sign in sheets (which includes the time started, time ending, date, location, funding source, Title of evidence-based program, and signature of individuals participating), evaluations, workshop information, etc.).

2.   The contractor must verify and maintain documentation of provider qualifications for service.

3. **Unit of Service Group:** One episode of direct service with or on behalf of clients regardless of the numbers of participants for the entire 8 week period.

4. CIRTS reporting requirements are below. ↓

CIRTS REPORTING REQUIREMENTS				
PROGRAM	**SERVICE**	**REPORTING OF SERVICES**	**OAA CLIENT REQUIREMENTS**	**MAX UNITS**
OA3D	AFEPG (GROUP)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999

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PROGRAM FUNDING SOURCE(S): OAAIIID

PROGRAM AUTHORITY:

Program Funding	**Specific Authority**
Rulemaking	**Section 430.08, F.S.**
OAAIIID	**Older Americans Act, Title III, Part D**

A. **DESCRIPTION:** The Arthritis Self-Management (Self-Help) Program was developed by Stanford University. People with different types of rheumatic diseases, such as osteoarthritis, rheumatoid arthritis, fibromyalgia, and lupus attend workshops in a community setting. Subjects covered include: 1) techniques to deal with problems such as pain, fatigue, frustration and isolation, 2) appropriate exercise for maintaining and improving strength, flexibility, and endurance, 3) appropriate use of medications, 4) communicating effectively with family, friends, and health professionals, 5) healthy eating, 6) making informed treatment decisions, 7) disease related problem solving, and 8) getting a good night's sleep.

For more information please go to:
http://patienteducation.stanford.edu/programs/asmp.html

B. **DELIVERY STANDARDS/SPECIAL CONDITIONS:**

1. This service must maintain fidelity of the program in accordance with the following Stanford's manuals:

a. Implementation Manual

b. Master Trainer Manual

c. Lay Leader Manual

d. Fidelity Manual

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2. Other requirements of the program include:

    a. Number of weeks: 6 weeks (once a week)

    b. Workshop participant size:

        i. Minimum 10 participants

        ii. Maximum 16 participants

    c. Session length: 2.5 hours a session

    d. Workshops are facilitated from a highly detailed manual by two trained lay leaders.

3. Any deviation of this program as set forth by Stanford University is a violation of the license and may result in revocation of the Stanford license.

4. This service is an evidence-based program which meets AoA's Highest-level Criteria:
- Undergone Experimental or Quasi-Experimental Design.
- Level at which full translation has occurred in a community site.
- Level at which dissemination products have been developed and are available to the public.

C. **PROVIDER QUALIFICATIONS:**

1. This service may be provided by trained Master Trainers and Lay Leaders who were approved by the License provider. The program requires two trained lay leaders to facilitate a six week session workshop.

2. Individuals who are trained in the Stanford University evidence-based programs need to be trained separately for each program to be either Master Trainers or Lay Leaders.

3. Provider must maintain program fidelity to the original program design by Stanford University.

D.   **RECORD KEEPING AND REPORTING REQUIREMENTS:**

1.   The provider shall maintain all appropriate documentation as set forth by the program (i.e., participant data, sign in sheets (which includes the time started, time ending, date, location, funding source, Title of evidence-based program, and signature of individuals participating), evaluations, workshop information, etc.).

2.   **Unit of Service Group:** One episode of direct service with a minimum of 10 participants and a maximum of 16 participants on the first session. The same participants would continue through the 6-week course. One episode equals 6 week session. The entire six weeks needs to be completed prior to submitting for payment.

3.   The contractor must verify and maintain documentation of provider qualifications for service.

4.   CIRTS reporting requirements are below. ↓

CIRTS REPORTING REQUIREMENTS				
PROGRAM	**SERVICE**	**REPORTING OF SERVICES**	**OAA CLIENT REQUIREMENTS**	**MAX UNITS**
OA3D	ASMPG (GROUP)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999

PROGRAM FUNDING SOURCE(S): OAAIIID

PROGRAM AUTHORITY:

Program Funding	**Specific Authority**
Rulemaking	**Section 430.08, F.S.**
OAAIIID	**Older Americans Act, Title III, Part D**

A.   **DESCRIPTION:** The BRief Intervention and Treatment for Elders (BRITE) was developed by the Florida Mental Health Institute, University of South Florida and the Florida Department of Children and Families (DCF). The mission of BRITE is to identify non-dependent substance use or prescription medication issues and to provide effective service strategies prior to their need for more extensive or specialized substance abuse treatment. BRITE offers screening, brief intervention, and referral for professional assessment by trained BRITE health educators. BRITE began as a DCF-funded pilot project in four Florida Counties and later expanded to 70 sites in 18 counties under a $14 million five year (2006-2011) federal grant funded by the Substance Abuse and Mental Health Services (SAMHSA) Center for Substance Abuse Treatment to the state of Florida under the national initiative known as SBIRT (Screening, Brief Intervention, and Referral to Treatment). BRITE is the only SBIRT specific to older adults.

For more information please contact:
Larry Schonfeld, Ph.D.
Professor and Interim Executive Director
University of South Florida, Florida Mental Health Institute
813- 974-1946
schonfeld@fmhi.usf.edu

Website: http://brite.fmhi.usf.edu/BRITE.htm

B.   **DELIVERY STANDARDS/SPECIAL CONDITIONS:**

1.   This service may be provided in the provider's office, the client's place of residence, or other appropriate locations in the community.

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2.   This service consists of:
- Prescreening
- Screening
- Brief Intervention
- Referral for professional assessment (previously labeled as "referral to treatment")

3.   Screening instruments and Educational materials for this program are available on the website: http://BRITE.fmhi.usf.edu/BRITE.htm at the bottom of the page in the resource section.

4.   This service is an evidence-based program which meets AoA's Highest-level Criteria:
- Undergone Experimental or Quasi-Experimental Design.
- Level at which full translation has occurred in a community site.
- Level at which dissemination products have been developed and are available to the public.

C.   **PROVIDER QUALIFICATIONS:** Outreach, screening and services need to be conducted by BRITE "health educators." This category illustrates that this is a wellness, educational, and public health approach. As the education and training of staff members will vary widely across the Area Agencies on Aging, agencies implementing BRITE will employ people to serve as BRITE Health Educators defined as any staff member or volunteer:
- who received BRITE training and is certified (process to be established) to do so, and
- whose job function allows for at least 20 minutes up to one hour on each visit with the client.

This approach can be delivered by aging services' case managers, nurses, social workers, other professionals familiar with the aging population. These may be the ideal personnel to deliver the protocol, although these titles need are not indicative of required job functions.

D.   The BRITE health educators shall include certified addictions specialists, nurses, licensed social workers, case managers, licensed psychologists (in accordance with Chapter 490, Florida Statutes), and licensed mental health counselors (in accordance with Chapter 491, Florida Statutes). These licensed professionals need to be trained to deliver the BRITE program. The BRITE Health Educator training consists of the use of screening techniques, brief intervention with a Health Promotion Workbook, referral for professional assessment, and data

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collection. For more information about this training, please contact Robert Hazlett, Ph.D., at

Robert W. Hazlett, Ph.D., RH
Behavioral Health Management Consultant
rhphd@embarqmail.com
352-552-6026

D.   RECORD KEEPING AND REPORTING REQUIREMENTS:

1.   The provider shall maintain all appropriate documentation as set forth by the program, i.e. summary notes for each contact, copy of the completed baseline (ASSIST) and 3 month follow-up assessments, a copy of the completed Health Promotion Workbook or similar documentation, and a copy of the service plan.

2.   The contractor must verify and maintain documentation of provider qualifications for service.

3.   Unit of Service—Individual: An episode is an activity with one client served, regardless of the amount of screening questions or information provided.

4.   CIRTS reporting requirements are below. ↓

CIRTS REPORTING REQUIREMENTS				
PROGRAM	**SERVICE**	**REPORTING OF SERVICES**	**OAA CLIENT REQUIREMENTS**	**MAX UNITS**
OA3D	BRITEI (INDIV)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999

PROGRAM FUNDING SOURCE(S): OAAIIID

PROGRAM AUTHORITY:

Program Funding	**Specific Authority**
Rulemaking	**Section 430.08, F.S.**
OAAIIID	**Older Americans Act, Title III, Part D**

E. **DESCRIPTION:** The Chronic Disease Self-Management Program was developed by Stanford University. People with different chronic health problems attend workshops in a community setting. Subjects covered include: 1) techniques to deal with problems such as frustration, fatigue, pain and isolation, 2) appropriate exercise for maintaining and improving strength, flexibility, and endurance, 3) appropriate use of medications, 4) Communicating effectively with family, friends, and health professionals, 5) nutrition, and, 6) how to evaluate new treatments.

For more information go to:
http://patienteducation.stanford.edu/programs/cdsmp.html

F. **DELIVERY STANDARDS/SPECIAL CONDITIONS:**

1. This service must maintain fidelity of the program in accordance with Stanford's manuals:

a. Implementation Manual

b. Master Trainer Manual

c. Lay Leader Manual

d. Fidelity Manual

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2.   Other requirements of the program include:

   a.   Number of weeks: 6 weeks (once a week)

   b.   Workshop participant size: Minimum 10 participants and Maximum 16 participants

   c.   Session length: 2.5 hours a session

   d.   Workshops are facilitated from a highly detailed manual by two trained lay leaders. One or both the lay leaders will act as a peer leader with a chronic disease.

3.   Any deviation of this program as set forth by Stanford University is a violation of the license and may result in revocation of the Stanford license.

4.   This service is an evidence-based program which meets AoA's Highest-level Criteria:
   ● Undergone Experimental or Quasi-Experimental Design.
   ● Level at which full translation has occurred in a community site.
   ● Level at which dissemination products have been developed and are available to the public.

G.   PROVIDER QUALIFICATIONS:
1.   This service may be provided by trained Master Trainers and Lay Leaders who are approved by a License provider. The program requires two trained lay leaders to facilitate a six week session workshop. Provider will follow Stanford's qualifications as stated in the Implementation and Fidelity manuals in recruiting Master Trainers and Lay Leaders.

2.   Individuals who are trained in the Stanford University evidence-based programs need to be trained separately for each program to be either Master Trainers or Lay Leaders.

3.   Provider must maintain program fidelity to the original program design by Stanford University.

D. RECORD KEEPING AND REPORTING REQUIREMENTS:

1. The provider shall maintain all appropriate documentation as set forth by the program (i.e., participant data, sign in sheets (which includes the time started, time ending, date, location, funding source, Title of evidence-based program, and signature of individuals participating), evaluations, workshop information, etc.).

2. The contractor must verify and maintain documentation of provider qualifications for service.

3. The provider must enter data into NCOA force online database system.

4. **Unit of Service Group:** One episode of direct service with a minimum of 10 participants and a maximum of 16 participants on the first session. The same participants would continue through the 6-week course. One episode equals 6 week session. The entire six weeks needs to be completed prior to submitting for payment.

5. CIRTS reporting requirements are below. ↓

CIRTS REPORTING REQUIREMENTS				
PROGRAM	**SERVICE**	**REPORTING OF SERVICES**	**OAA CLIENT REQUIREMENTS**	**MAX UNITS**
OA3D	CDSMPG (GROUP)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999

PROGRAM FUNDING SOURCE(S): ADI, CCE, HCE, LSP, OAAIIIB, OAAIIID, OAAIIIE, OAAIIIEG

PROGRAM AUTHORITY:

Program Funding	Specific Authority
Rulemaking	**Section 430.08, F.S.**
ADI	**Sections 430.501-504, F.S.**
CCE	**Sections 430.201-207, F.S.**
HCE	**Sections 430.601-608, F.S.**
LSP	**Specific Appropriations**
OAAI	**Older Americans Act, Title I, Section 102, (14) 42 U.S.C. 3001**
OAAIIIB	**Older Americans Act, Title III, Part B, Section 321, (a) (1), (23) 42 U.S.C. 3030d**
OAAIIID	**Older Americans Act, Title III, Part D**
OAAIIIE	**Older Americans Act, Title III, Part E**

A. **DESCRIPTION:** Gerontological counseling provides emotional support, information, and guidance through a variety of modalities including mutual support groups for older adults who are having mental, emotional or social adjustment problems that have arisen as a result of the process of aging.

B. **DELIVERY STANDARDS/SPECIAL CONDITIONS:** There shall be access to adequate, private working space to conduct either individual or group counseling sessions. These services may be provided in the provider's office, client's residence, or other appropriate locations in the community.

    For OA3D: This service must be an evidence-based program that at least meets AoA's Minimal Criteria:

- Demonstrated through evaluation to be effective for improving the health and wellbeing or reducing disease, disability and/or injury among older adults; and

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- Ready for translation, implementation and/or broad dissemination by community-based organizations using appropriately credentialed practitioners.

C.   PROVIDER QUALIFICATIONS: This service may be provided by the designated lead agency or as otherwise approved by the AAA. Minimum requirements for persons providing counseling are a bachelor's degree in social work, psychology, sociology, nursing, gerontology or related field. Year for year related job experience or any combination of education and related experience may be substituted for a bachelor's degree upon approval of the AAA. Gerontological counseling may be conducted by paid, donated and volunteer staff. Volunteer staff shall meet comparable standards as paid staff.

D.   RECORD KEEPING AND REPORTING REQUIREMENTS:

   1.   Unit of Service Individual: One hour of direct service with or on behalf of a client accumulated on a daily basis.

   2.   Unit of Service Group: One hour of direct service with or on behalf of clients regardless of the numbers of participants.

   3.   The provider shall maintain a summary note for each contact, copy of the assessment, and the treatment plan.

   4.   For OA3D program:

   - The provider must have a sign in sheet for the evidence-based program, which includes the time started, time ending, date, location, funding source, Title of evidence-based program, and signature of individuals participating.
   - The contractor must submit AoA's criteria documents proving that the service providing is an evidence-based program.
   - The contractor must verify and maintain documentation of provider qualifications for service.

   5.   CIRTS reporting requirements are included on the next page. ↓

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CIRTS REPORTING REQUIREMENTS				
PROGRAM	**SERVICE**	**REPORTING OF SERVICES**	**OAA CLIENT REQUIREMENTS**	**MAX UNITS**
ADI	GECO (GROUP)	MONTHLY AGGREGATE REPORTING	N/A	100
ADI	GECI (INDIV)	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
CCE	GECO (GROUP)	MONTHLY AGGREGATE REPORTING	N/A	100
CCE	GECI (INDIV)	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
HCE	GECO (GROUP)	MONTHLY AGGREGATE REPORTING	N/A	100
HCE	GECI (INDIV)	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
HCE	GECV (VENDOR)	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
LSP	GECO GROUP)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
LSP	GECI INDIV)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
OA3B	GECO (GROUP)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
OA3B	GECI (INDIV)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
OA3D	GECO (GROUP)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
OA3D	GECI (INDIV)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
OA3E	GECO (GROUP)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
OA3E	GECI (INDIV)	MONTHLY AGGREGATE REPORTING BY CLIENT	MONTHLY AGGREGATE REPORTING BY CLIENT	9999
OA3EG (GRANDPARENT)	GECI INDIV)	MONTHLY AGGREGATE REPORTING BY CLIENT	MONTHLY AGGREGATE REPORTING BY CLIENT	9999
OA3EG (GRANDPARENT)	GECO (GROUP)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999

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PROGRAM FUNDING SOURCE(S): ADI, CCE, HCE, LSP, OAAIIIB, OAAIIID, OAAIIIE, OAAIIIEG

PROGRAM AUTHORITY:

Program Funding	Specific Authority
Rulemaking	**Section 430.08, F.S.**
ADI	**Sections 430.501-504, F.S.**
CCE	**Sections 430.201-207, F.S.**
HCE	**Sections 430.601-608, F.S.**
LSP	**Specific Appropriations**
OAAI	**Older Americans Act, Title I, Section 102, (14)** **42 U.S.C. 3001**
OAAIIIB	**Older Americans Act, Title III, Part B, Section 321, (a)(1), (23)** **42 U.S.C. 3030d**
OAAIIID	**Older Americans Act, Title III, Part D, Sections 361 and 362** **42 U.S.C. 3030m and 3030n**
OAAIIIE	**Older Americans Act, Title III, Part E**

A.   DESCRIPTION:

   1.   Mental health counseling services focus on the unique treatment of psychiatric disorders and rehabilitation for impairments for persons suffering from a mental illness, including depression and anxiety. These services include specialized individual, group, and family therapy provided to clients using techniques appropriate to this population.

2.   Specialized mental health services include information gathering and assessment, diagnosis and development of a treatment plan in coordination with the client's care plan. This specialized treatment will integrate the mental health interventions with the overall service and supports to enhance emotional and behavioral functions. This may be done on a one-to-one or group basis.

B.   DELIVERY STANDARDS/SPECIAL CONDITIONS:

1.   These services may be provided in the provider's office, the client's place of residence, or other appropriate locations in the community.

2.   All other funding sources shall be exhausted prior to the use of DOEA funded mental health counseling.

3.   **For OA3D:** This service must be an evidence-based program that at least meets AoA's Minimal Criteria:
- Demonstrated through evaluation to be effective for improving the health and wellbeing or reducing disease, disability and/or injury among older adults; and

- Ready for translation, implementation and/or broad dissemination by community-based organizations using appropriately credentialed practitioners.

C.   PROVIDER QUALIFICATIONS: Providers of specialized mental health services shall be:

1.   Psychologists or Psychiatrists licensed by the Department of Health in accordance with Chapter 490, Florida Statutes; or,

2.   Clinical social workers, marriage and family therapists or mental health counselors licensed by the Department of Health in accordance with Chapter 491, Florida Statutes.

D.   RECORD KEEPING AND REPORTING REQUIREMENTS:

1.   **Unit of Service Individual:** One hour of direct service with or on behalf of a client accumulated on a daily basis.

2.   **Unit of Service Group:** One hour of direct service with or on behalf of clients regardless of the number of participants.

3.   The provider shall maintain a summary note, copy of the assessment, and the treatment plan.

4.   For OA3D program:
   • The provider must have a sign in sheet for the evidence-based program, which includes the time started, time ending, date, location, funding source, Title of evidence-based program, and signature of individuals participating.
   • The contractor must submit AoA's criteria documents proving that the service providing is an evidence-based program.
   • The contractor must verify and maintain documentation of provider qualifications for service.

5.   CIRTS reporting requirements are included on the next page. ↓

CIRTS REPORTING REQUIREMENTS				
PROGRAM	**SERVICE**	**REPORTING OF SERVICES**	**OAA CLIENT REQUIREMENTS**	**MAX UNITS**
ADI	MHSG (GROUP)	MONTHLY AGGREGATE REPORTING	N/A	100
ADI	MHSI (INDV)	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
CCE	MHSG (GROUP)	MONTHLY AGGREGATE REPORTING	N/A	100
CCE	MHSI (INDV)	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
HCE	MHSG (GROUP)	MONTHLY AGGREGATE REPORTING	N/A	100
HCE	MHSI (INDV)	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
HCE	MHSV (VENDOR)	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
LSP	MHSG (GROUP)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
LSP	MHSI (INDV)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
OA3B	MHSG (GROUP)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
OA3B	MHSI (INDV)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
OA3D	MHSG (GROUP)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
OA3D	MHSI (INDV)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
OA3E	MHSG (GROUP)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
OA3E	MHSI (INDV)	MONTHLY AGGREGATE REPORTING BY CLIENT	MONTHLY AGGREGATE REPORTING BY CLIENT	9999
OA3EG (GRANDPARENT)	MHSI (INDV)	MONTHLY AGGREGATE REPORTING BY CLIENT	MONTHLY AGGREGATE REPORTING BY CLIENT	9999
OA3EG (GRANDPARENT)	MHSG (GROUP)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999

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PROGRAM FUNDING SOURCE(S): OAAIIID

PROGRAM AUTHORITY:

Program Funding	**Specific Authority**
Rulemaking	**Section 430.08, F.S.**
OAAIIID	**Older Americans Act, Title III, Part D**

A.   **DESCRIPTION:** The Diabetes Empowerment Education Program (DEEP) was designed to provide residents in the community with tools to better manage their diabetes. The content components include nutrition, prevention of both chronic and acute complications, blood glucose monitoring, insulin pump program, and individual goals which include quality and length of life.

For more information please contact:
University of Illinois at Chicago
Midwest Latino Health Research, Training and Policy Center
1640 West Roosevelt Road,
Suite 636 (M/C 625)
DHSP Building
Chicago, Illinois 60608-6906
Phone: (312) 413-1104
Fax: (312) 996-3212
Email: amparo@uic.edu

To view the implementation manual and course curriculum please go to:
http://www.uic.edu/jaddams/csdcac/REACH-forms.htm

B.   **DELIVERY STANDARDS/SPECIAL CONDITIONS:** The Diabetes Patient Education Program is divided into eight modules covering diabetes related topics such as nutrition, complications, medications, and risk factors. The curriculum is based on national medical care and diabetes self-care education guidelines. It is hoped that professionals, community educators or promoters and other educators will use the curriculum with adequate responsibility and achieve an impact in their communities. The curriculum has been divided into eight modules so that the facilitator can use them in any order during two hour weekly sessions for 8 to ten weeks, based on the needs of the participants and the level of their knowledge of diabetes.

This service is an evidence-based program which meets AoA's Minimal Criteria:

- Demonstrated through evaluation to be effective for improving the health and wellbeing or reducing disease, disability and/or injury among older adults; and

- Ready for translation, implementation and/or broad dissemination by community-based organizations using appropriately credentialed practitioners.

C.   PROVIDER QUALIFICATIONS:

1.   The Training of Trainers Program is a twenty-hour workshop to train community health workers (lay health educators, lay health promoters) on providing diabetes education to members of their community. The training emphasizes the development of skills and knowledge related to diabetes by using interactive group activities and adult education methods. Once individuals complete the training, they are prepared to deliver diabetes education and self-management classes in their respective communities.

2.   Provider must maintain program fidelity to the original program design by The Midwest Latino Health Research.

D.   RECORD KEEPING AND REPORTING REQUIREMENTS:

1.   The provider shall maintain all appropriate documentation as set forth by the program (i.e., participant data, sign in sheets (which includes the time started, time ending, date, location, funding source, Title of evidence-based program, and signature of individuals participating), evaluations, workshop information, etc.).

2. The contractor must verify and maintain documentation of provider qualifications for service.

3. Unit of Service Individual: One episode of direct service with or on behalf of a client for eight to ten week workshop.

4. Unit of Service Group: One episode of direct service with or on behalf of clients regardless of the numbers of participants, for the entire eight to ten week workshop.

5. The provider must have a sign in sheet for the evidence-based program, which includes the time started, time ending, date, location, funding source, Title of evidence-based program, and signature of individuals participating.

6. The contractor must submit AoA's minimum criteria documents proving that the service providing is an evidence-based program.

7. The contractor must verify and maintain documentation of provider qualifications for service.

8. CIRTS reporting requirements are below. ↓

CIRTS REPORTING REQUIREMENTS				
PROGRAM	**SERVICE**	**REPORTING OF SERVICES**	**OAA CLIENT REQUIREMENTS**	**MAX UNITS**
OA3D	DEEPG (GROUP)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
OA3D	DEEPI (INDIV)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999

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PROGRAM FUNDING SOURCE(S): OAAIIID

PROGRAM AUTHORITY:

Program Funding   **Specific Authority**

Rulemaking   **Section 430.08, F.S.**

OAAIIID   **Older Americans Act, Title III, Part D**

A.   **DESCRIPTION:** The Diabetes Self-Management Program was developed by Stanford University. People with type 2 diabetes attend workshops in a community setting. Subjects covered include: 1) techniques to deal with the symptoms of diabetes, fatigue, pain, hyper/hypoglycemia, stress, and emotional problems such as depression, anger, fear and frustration; 2) appropriate exercise for maintaining and improving strength and endurance; 3) healthy eating 4) appropriate use of medication; and 5) working more effectively with health care providers. Participants will make weekly action plans, share experiences, and help each other solve problems they encounter in creating and carrying out their self-management program.

For more information please go to:
http://patienteducation.stanford.edu/programs/diabeteseng.html

B.   **DELIVERY STANDARDS/SPECIAL CONDITIONS:**

1.   This service must maintain fidelity of the program in accordance with Stanford's manuals:

a.   Implementation Manual

b.   Master Trainer Manual

c.   Lay Leader Manual

d.   Fidelity Manual

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2. Other requirements of the program include:

   a. Number of weeks: 6 weeks (once a week)

   b. Workshop participant size:

      i. Minimum 10 participants

      ii. Maximum 16 participants

   c. Session length: 2.5 hours a session

   d. Workshops are facilitated from a highly detailed manual by two trained lay leaders.

3. Any deviation of this program as set forth by Stanford University is a violation of the license and may result in revocation of the Stanford license.

4. This service is an evidence-based program which meets AoA's Highest-level Criteria:
   ● Undergone Experimental or Quasi-Experimental Design.
   ● Level at which full translation has occurred in a community site.
   ● Level at which dissemination products have been developed and are available to the public.

C.   PROVIDER QUALIFICATIONS:
1. This service may be provided by trained Master Trainers and Lay Leaders who are approved by a License provider. The program requires two trained lay leaders to facilitate a six week session workshop. Provider will follow Stanford's qualifications as stated in the Implementation and Fidelity manuals in recruiting Master Trainers and Lay Leaders.

2. Individuals who are trained in the Stanford University evidence-based programs need to be trained separately for each program to be either Master Trainers or Lay Leaders.

3. Provider must maintain program fidelity to the original program design by Stanford University.

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D.   RECORD KEEPING AND REPORTING REQUIREMENTS:

1. The provider shall maintain all appropriate documentation as set forth by the program (i.e., participant data, sign in sheets (which includes the time started, time ending, date, location, funding source, Title of evidence-based program, and signature of individuals participating), evaluations, workshop information, etc.).

2. The contractor must verify and maintain documentation of provider qualifications for service.

3. **Unit of Service Group:** One episode of direct service with a minimum of 10 participants and a maximum of 16 participants on the first session. The same participants would continue through the 6-week course. One episode equals 6 week session. The entire six weeks needs to be completed prior to submitting for payment.

4. **CIRTS reporting requi**rements are below. ↓

CIRTS REPORTING REQUIREMENTS				
PROGRAM	**SERVICE**	**REPORTING OF SERVICES**	**OAA CLIENT REQUIREMENTS**	**MAX UNITS**
OA3D	DSMPG (GROUP)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999

PROGRAM FUNDING SOURCE(S): OAAIIID

PROGRAM AUTHORITY:

Program Funding	**Specific Authority**
Rulemaking	**Section 430.08, F.S.**
OAAIIID	**Older Americans Act, Title III, Part D, Sections 361, 362 42 U.S.C. 3030m, n**
OAAI	**Older Americans Act, Title I, Section 102, (14)**

A.   **DESCRIPTION:** Disease information is the provision of information to clients, families, caregivers and the general public about chronic conditions and diseases; prevention measures and services, treatment, rehabilitation and coping strategies for those factors which cannot change. This can be done on a one-on-one or group basis.

This service **cannot** be used to distribute or provide general information to clients. This service **must** be an evidence-based disease prevention and health promotion program and must meet the three tier criteria set forth by the Administration on Aging.

B.   **DELIVERY STANDARDS/SPECIAL CONDITIONS:**

1. Disease information is not the same as information provided under the OAA Title IIIB service of Information. Providing information on diseases of the elderly is a specific service designed to enable elders to take steps to cope with, understand, and alleviate or prevent further progression or deterioration associated with a disease.

2. Materials used to provide elders with information on the prevention, diagnosis or treatment of diseases shall originate from qualified agencies and organizations, that have used trained and licensed experts to develop such materials (flyers, brochures, handouts, video, slide presentations, etc.).

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3. Distribution of information is not considered as an evidence-based disease prevention and health promotion service.

4. This service must be an evidence-based program that at least meets AoA's Minimal Criteria:

● Demonstrated through evaluation to be effective for improving the health and wellbeing or reducing disease, disability and/or injury among older adults; and

● Ready for translation, implementation and/or broad dissemination by community-based organizations using appropriately credentialed practitioners.

C.   PROVIDER QUALIFICATIONS: Licensed health care professionals shall be used to conduct lectures, seminars or workshops to provide evidence-based programs. When appropriate, trained lay persons outside of the medical profession can be used to provide services upon approval from the Area Agency on Aging or designee.

This service cannot be used for health screening. Health Screenings has its own service description which needs to be followed. A qualified healthcare professional (credentialed) shall provide the evidence-based disease prevention and health promotion service.

D.   RECORD KEEPING AND REPORTING REQUIREMENTS:

1.   Unit of Service—Individual: An episode is an activity with one client served, regardless of the amount of information or evidence-based disease and health promotion service provided.

2.   Unit of Service—Group: An episode, regardless of the number of persons served.

3.   Individual client records are not required, but a record of the numbers of clients served shall be maintained. Such records may include sign in sheets, registration logs or estimates based on the number of materials distributed.

4.   The provider must have a sign in sheet for the evidence-based program, which includes the time started, time ending, date, location, funding source, Title of evidence-based program, and signature of individuals participating. Prior approval is required by Contract Manager for any alternative sign in sheet method.

5.   The contractor must submit AoA's criteria documents proving that the service providing is an evidence-based program.

6.   The contractor must verify and maintain documentation of provider qualifications for service.

7.   CIRTS reporting requirements are below. ↓

CIRTS REPORTING REQUIREMENTS				
PROGRAM	SERVICE	REPORTING OF SERVICES	OAA CLIENT REQUIREMENTS	MAX UNITS
OA3D	DINFG (GROUP)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
OA3D	DINFI (INDIV)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999

PROGRAM FUNDING SOURCE(S): OAAIIID

PROGRAM AUTHORITY:

Program Funding	**Specific Authority**
Rulemaking	**Section 430.08, F.S.**
OAAIIID	**Older Americans Act, Title III, Part D**

A.   **DESCRIPTION:** Eat Better and Move More is a program developed for congregate meal program participants. It provides basic activity and nutrition education, encourage participants to be physically active and eat a more healthy diet. The program should be performed in an area which has adequate space for walking safely.

For more information please go to:
http://nutritionandaging.fiu.edu/You_Can/index.asp
http://www.state.nj.us/health/senior/documents/healthease_directory.pdf (click on nutrition)

B.   **DELIVERY STANDARDS/SPECIAL CONDITIONS:**

A minimum of 15 and a maximum of 25 participants attend 30 minute sessions once a week for twelve weeks. At each session, a program facilitator introduces a new topic and also reviews the previous session. Each session is a half-hour or less and can be done before or after a meal, if provided. Two or more walking sessions are offered each week. Participants learn to use a step counter and are motivated by recording their daily steps. A Tips & Tasks sheet has check-offs for participant to track their nutrition progress. Participants complete nutrition/health and physical activity questionnaires during the first and final sessions to measure changes. The program should be performed in an area which has adequate space for walking safely.

This service is an evidence-based program which meets AoA's Intermediate Criteria:

- Published in a peer-review journal.
- Proven effective with older adult population, using some form of a control condition (e.g. pre-post study, case control design, etc.).
- Some basis in translation for implementation by community level organization.

C.   PROVIDER QUALIFICATIONS:

1.   The program should be led by two to four staff members. Leaders should be nutritionists, dietitians, physical therapists or other health or certified fitness professionals. Additional staff and volunteers can be utilized to make the program more interactive.

2.   Eat Better and Move More providers should become familiar with the Guidebook to allow for customization of the program based on participants need or background.

3.   Recruiting partners and volunteers such as community groups and health professionals is recommended. When program planning, providers should determine potential costs for step counters, program material, staff time and food for specific activities.

4.   Provider must maintain program fidelity to the original program design by Florida International University.

D.   RECORD KEEPING AND REPORTING REQUIREMENTS:

1.   The provider shall maintain all appropriate documentation as set forth by the program (i.e., participant data, sign in sheets (which includes the time started, time ending, date, location, funding source, Title of evidence-based program, and signature of individuals participating), evaluations, workshop information, etc.).

2.   **Unit of Service Group:** One episode of direct service with or on behalf of clients regardless of the numbers of participants for the entire 12 week period.

3.   The contractor must verify and maintain documentation of provider qualifications for service.

4.   CIRTS reporting requirements are below. ↓

CIRTS REPORTING REQUIREMENTS				
PROGRAM	**SERVICE**	**REPORTING OF SERVICES**	**OAA CLIENT REQUIREMENTS**	**MAX UNITS**
OA3D	EBMMG (GROUP)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999

PROGRAM FUNDING SOURCE(S): OAAIIID

PROGRAM AUTHORITY:

Program Funding	**Specific Authority**
Rulemaking	**Section 430.08, F.S.**
OAAIIID	**Older Americans Act, Title III, Part D**

A.   **DESCRIPTION:** EnhanceWellness was developed by the University of Washington in collaboration with Senior Services. EnhanceWellness is an evidence-based program that shows participants how to lower the need for drugs that affect thinking or emotions, lessen symptoms of depression and other mood problems, and develop a sense of greater self-reliance.

For more information please go to:
http://www.projectenhance.org/admin_ew_enact.html

B.   **DELIVERY STANDARDS/SPECIAL CONDITIONS:**
   1.   Class timeframe: minimum of 6 months

   2.   EnhanceWellness (EW) is a one-on-one health behavior change coaching program. A participant works with EW clinicians to identify and develop goals about changing specific health behaviors, such as increasing physical activity, improving disease self-management, losing weight or improving nutrition, quitting smoking or drinking, managing depression, and increasing socialization.

3.   Participants complete a comprehensive survey at enrollment. The clinician enters the survey along with participant demographic data into a web-based software application called WellWare. WellWare scores the questionnaire, identifying the participant's strengths and areas of possible improvement. The participant works with the clinician to develop a personalized Health Action Plan around whatever area(s) they choose to work on. (WellWare provides a template for building the customized Health Action Plans). The participant then continues to meet with the clinician, or is referred to other resources as necessary to achieve the steps in their plan. These resources depend on what is available at the site, but typically include support groups, exercise classes, educational classes, socialization opportunities, etc. After about six months in the

program, the questionnaire is administered and scored again. The change in scores from baseline to follow-up is evaluated and progress, or lack of progress, toward the participant's goal is noted. The participant has the option to continue to work on the same goal or create a new one, or to graduate from the program.

4.   This service is an evidence-based program which meets AoA's Highest-level Criteria:
- Undergone Experimental or Quasi-Experimental Design.
- Level at which full translation has occurred in a community site.
- Level at which dissemination products have been developed and are available to the public.

C.   PROVIDER QUALIFICATIONS: This service can be delivered by a team comprising of a registered nurse and social workers, but it can be provided by a solo clinician as well. The provider must attend Enhance Wellness training.

D.   RECORD KEEPING AND REPORTING REQUIREMENTS:

1.   Provider must maintain program fidelity to the original program design by University of Washington.

2.   The provider shall maintain all appropriate documentation as set forth by the program (i.e., summary notes for each contact, copy of the assessment, and the treatment plan).

3.   The provider shall maintain all appropriate documentation as set forth by the program (i.e., participant data, sign in sheets (which includes the time started, time ending, date, location, funding source, Title of evidence-based program, and signature of individuals participating), evaluations, workshop information, etc.).

4.   The contractor must verify and maintain documentation of provider qualifications for service.

5.   **Unit of Service Individual:** One hour of direct service with or on behalf of a client accumulated on a daily basis.

6.   CIRTS reporting requirements are below. ↓

CIRTS REPORTING REQUIREMENTS				
PROGRAM	**SERVICE**	**REPORTING OF SERVICES**	**OAA CLIENT REQUIREMENTS**	**MAX UNITS**
OA3D	EWELI (INDIV)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999

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PROGRAM FUNDING SOURCE(S): OAAIIID

PROGRAM AUTHORITY:

Program Funding   **Specific Authority**

Rulemaking   **Section 430.08, F.S.**

OAAIIID   **Older Americans Act, Title III, Part D**

A.   **DESCRIPTION:** EnhanceFitness, developed by the University of Washington in collaboration with Senior Services, is a group exercise program that focuses on stretching, flexibility, balance, low impact aerobics, and strength training exercises.

For more information please go to:
http://www.projectenhance.org/admin_enhancefitness.html

B.   **DELIVERY STANDARDS/SPECIAL CONDITIONS:** EnhanceFitness sessions are held for one hour, three times a week. There is a minimum of 10 and a maximum of 25 participants per session. Each session consists of a 5-minute warm-up, a 20-minute aerobic workout, a 5-minute cool-down, a 20-minute strength training workout with soft ankle and wrist weights (0 up to 20 pounds), a 10-minute stretch, as well as balance exercises throughout the class.

This service is an evidence-based program which meets AoA's Highest-level Criteria:
- Undergone Experimental or Quasi-Experimental Design.
- Level at which full translation has occurred in a community site.
- Level at which dissemination products have been developed and are available to the public.

C.   **PROVIDER QUALIFICATIONS:**

1.   To lead an EnhanceFitness course, the instructor must attend the 12-hour EnhanceFitness New Instructor Training course. To qualify for the New Instructor Training Course certification as a fitness instructor is required, as well as a current CPR certification.

2.   Provider must maintain program fidelity to the original program design by University of Washington.

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D.   RECORD KEEPING AND REPORTING REQUIREMENTS: The provider shall follow guidelines of Project Enhance for the EnhanceFitness Program. This includes gathering and collecting individual client files with the following information:

1.   At enrollment

a.   Participant demographics

b.   Baseline Fitness Checks (a set of three functional fitness tests and a few survey questions about self-rating of health and fitness)

2.   Four months after enrollment, Fitness Checks are repeated

3.   Every four months after that, or annually (at site's discretion), Fitness Checks are repeated

4.   Attendance is recorded for each participant at each class.

5.   There are also anonymous satisfaction surveys, which are collected annually.

6.   The provider shall maintain all appropriate documentation as set forth by the program (i.e., participant data, sign in sheets (which includes the time started, time ending, date, location, funding source, Title of evidence-based program, and signature of individuals participating), evaluations, workshop information, etc.).

7.   The contractor must verify and maintain documentation of provider qualifications for service.

8.   **Unit of Service Group:** One hour of direct service with or on behalf of clients regardless of the numbers of participants per session.

9.   CIRTS reporting requirements are below. ↓

CIRTS REPORTING REQUIREMENTS				
PROGRAM	**SERVICE**	**REPORTING OF SERVICES**	**OAA CLIENT REQUIREMENTS**	**MAX UNITS**
OA3D	ENFIG (GROUP)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999

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PROGRAM FUNDING SOURCE(S): OAAIIID

PROGRAM AUTHORITY:

Program Funding	**Specific Authority**
Rulemaking	**Section 430.08, F.S.**
OAAIIID	**Older Americans Act, Title III, Part D**

A.   **DESCRIPTION:** Fit and Strong! is an evidence-based physical activity program for older adults. This program targets older adults with osteoarthritis. This program was designed by the Midwest Roybal Center for Health Promotion & Behavior Change. Participants will learn to perform safe stretching, balance, aerobic and strengthening exercises which gradually increase frequency, duration, and intensity over time.

For more information please go to: http://www.fitandstrong.org/

B.   **DELIVERY STANDARDS/SPECIAL CONDITIONS:**
1.   Other program requirements include:

   a.   Number of weeks: 8 weeks (three days a week)

   b.   Workshop participant size:

      i.   Minimum 10 participants

      ii.   Maximum 25 participants

   c.   Session length: 1.5 hours a session

2.   There shall be access to adequate, private working space to conduct group exercise sessions. Contractors who utilize the Fit & Strong! service will follow and maintain fidelity of program by following all guidelines of the University of Illinois at Chicago, Institute for Health Research and Policy.

3.   This service is an evidence-based program which meets AoA's Highest-level Criteria:

- Undergone Experimental or Quasi-Experimental Design.
- Level at which full translation has occurred in a community site.
- Level at which dissemination products have been developed and are available to the public.

C.   PROVIDER QUALIFICATIONS:

1.   This instructor for this program must be either a certified exercise instructor or licensed physical therapist. The individual must have experience working with older adults and/or individuals with arthritis is beneficial however, Fit and Strong! certification can provide skills needed with no prior experience. Individuals must be trained and certified by the University of Illinois at Chicago, Institute for Health Research and Policy staff. In order to be trained individuals must participate in 8-hour full day training.

2.   Fit and Strong! providers need to:

a.   Register to offer Fit & Strong! with a Fit & Strong staff member.

b.   Recruit participants

c.   Enroll participants in workshop (minimum10 ;maximum 25)

d.   Recruit a certified exercise instructor who is trained in Fit & Strong!

e.   Obtain Fit & Strong! exercise equipment

f.   Schedule workshop

g.   Collect data (attendance forms, participant data, evaluation forms, etc.)

3.   Provider must maintain program fidelity to the original program design by the Midwest Roybal Center for Health Promotion & Behavior Change.

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D.   RECORD KEEPING AND REPORTING REQUIREMENTS:

1.   The provider shall maintain all appropriate documentation as set forth by the program (i.e., participant data, sign in sheets (which includes the time started, time ending, date, location, funding source, Title of evidence-based program, and signature of individuals participating), evaluations, workshop information, etc.).

2.   The contractor must verify and maintain documentation of provider qualifications for service.

3.   Provider must enter data into Fit and Strong! Online database.

4.   **Unit of Service Group:** One episode of direct service with or on behalf of clients regardless of the numbers of participants. One episode equals 8 week session. The entire eight weeks needs to be completed prior to submitting for payment.

5.   CIRTS reporting requirements are below. ↓

CIRTS REPORTING REQUIREMENTS				
PROGRAM	**SERVICE**	**REPORTING OF SERVICES**	**OAA CLIENT REQUIREMENTS**	**MAX UNITS**
OA3D	FITSG (GROUP)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999

PROGRAM FUNDING SOURCE(S): LSP, OAAIIID

PROGRAM AUTHORITY:

Program Funding	Specific Authority
Rulemaking	Section 430.08, F.S.
LSP	Specific Appropriations
OAAI	Older Americans Act, Title I, Section 102, (14) 42 U.S.C. 3001
OAAIIID	Older Americans Act, Title III, Part D 42 U.S.C. 3030m, n

A.   **DESCRIPTION FOR LSP:** Health promotion services offer individual and group sessions that assist participants to understand how lifestyle may impact physical and mental health and to develop personal practices that enhance total well-being. Services are provided at multipurpose senior centers, congregate meal sites and other appropriate places that target elders that are low income, minorities or medically underserved. Services related to health promotion include health risk assessments, routine health screenings, physical activity, home injury control services, mental health screenings for prevention and diagnosis, medication management screening and education, gerontological counseling, and the distribution of information concerning diagnosis, prevention, treatment, and rehabilitation of aged-related diseases and chronic disabling conditions, such as osteoporosis and cardiovascular diseases.

B.   **DESCRIPTION FOR OAA IIID:** Health promotion services offer individual and group sessions that assist participants to understand how lifestyle impacts physical and mental health and to develop personal practices that enhance total well-being. Services are provided at multipurpose senior centers, congregate meal sites and other appropriate places that target elders that are low income, minorities or medically underserved.

C.   DELIVERY STANDARDS/SPECIAL CONDITIONS: Materials used to provide elders with health promotion services shall come from qualified agencies and organizations that have used trained and licensed experts to develop such materials (flyers, brochures, handouts, video, slide presentations, etc.) Materials shall be approved by the AAA or designee before being used in any health promotion activity.

For OA3D: This service must be an evidence-based program that at least meets AoA's Minimal Criteria:

- Demonstrated through evaluation to be effective for improving the health and wellbeing or reducing disease, disability and/or injury among older adults; and

- Ready for translation, implementation and/or broad dissemination by community-based organizations using appropriately credentialed practitioners.

D.   PROVIDER QUALIFICATIONS: Licensed health care professionals are to be used to conduct lectures, seminars or workshops in which the main focus of the event is to provide the audience with information on health promotion at no cost. When appropriate, trained lay persons outside of the medical profession can be used to provide services to elders upon approval from the AAA or designee.

E.   RECORD KEEPING AND REPORTING REQUIREMENTS:

1.   **Unit of Service—Individual:** An episode is an activity with one client served, regardless of the amount of information provided.

       For OA3D – Individual: An episode is an activity that meets AoA's minimal criteria with one client served, regardless of the number of sessions provided.

2.   **Unit of Service for LSP—Group:** An episode, regardless of the number of persons served. Examples of one unit of service are:
       a.   One presentation, regardless of number of attendees;

       b.   One program-wide distribution of information;

       c.   One article prepared and printed in a newsletter or newspaper;

       d.   One radio or television presentation; or

       e.   One exhibit at a health fair, whose audience or attendees are known to include older adults.

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3.   **Unit of Service for OAAIIID—Group:** An episode is an activity that meets AoA's minimal criteria with a group of clients, regardless of the number of persons or sessions provided.

4.   Individual client records are not required but record of numbers shall be maintained, such as sign in sheets, registration logs or estimate based on number of materials distributed.

5.   **For OA3D program:**
● The provider must have a sign in sheet for the evidence-based program, which includes the time started, time ending, date, location, funding source, Title of evidence-based program, and signature of individuals participating.
● The contractor must submit AoA's criteria documents proving that the service providing is an evidence-based program.
● The contractor must verify and maintain documentation of provider qualifications for service.

6.   CIRTS reporting requirements are below. ↓

CIRTS REPORTING REQUIREMENTS				
PROGRAM	SERVICE	REPORTING OF SERVICES	OAA CLIENT REQUIREMENTS	MAX UNITS
LSP	HEPG (GROUP)	MONTHLY AGGREGATE REPORTING	NOT REQUIRED	9999
LSP	HEPI (INDIV)	MONTHLY AGGREGATE REPORTING	NOT REQUIRED	9999
OA3D	HEPG (GROUP)	MONTHLY AGGREGATE REPORTING	NOT REQUIRED	9999
OA3D	HEPI (INDIV)	MONTHLY AGGREGATE REPORTING	NOT REQUIRED	9999

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PROGRAM FUNDING SOURCE(S): LSP, OAAIIID

PROGRAM AUTHORITY:

Program Funding	Specific Authority
Rulemaking	Section 430.08, F.S.
LSP	Specific Appropriations
OAAIIID	Older Americans Act, Title III, Part D 42 U.S.C. 3030m, n
OAAI	Older Americans Act, Title I, Section 102, (14)

A.   **DESCRIPTION:** Health risk assessment is defined as an assessment utilizing one or a combination of tools to test older persons for certain risk factors that are known to be associated with a disease or condition. Many factors are modifiable, including diet, risk-taking behaviors, coping styles and lifestyle choices (such as smoking and overeating), and can be measured or identified through risk appraisal questionnaires. The health risk assessment helps the individual to determine the addictive nature of many factors in a client's life. This can be done on a one-on-one or group basis.

B.   **DELIVERY STANDARDS/SPECIAL CONDITIONS:** Tools used to test an older adult for certain risk factors that are known to be associated with a disease or condition can be self-administered by the client (i.e., Checklist). These tools need to be validated by a licensed health care professional or professional health care organization prior to use or distribution.

   For OA3D: This service must be an evidence-based program that at least meets AoA's Minimal Criteria:

   - Demonstrated through evaluation to be effective for improving the health and wellbeing or reducing disease, disability and/or injury among older adults; and

   - Ready for translation, implementation and/or broad dissemination by community-based organizations using appropriately credentialed practitioners.

C.   **PROVIDER QUALIFICATIONS:** Licensed health care professionals should be used to conduct client assessments or lectures, seminars or workshops in which the main focus of the event is to provide the audience with information on risky health behaviors and to provide no cost health assessments.

D. **RECORD KEEPING AND REPORTING REQUIREMENTS:**

1. **Unit of Service---Individual:** An episode is one client who receives an assessment.

2. **Unit of Service---Group:** An episode is one lecture, workshop, or seminar regardless of the number of persons who attend and receive an assessment.

3. Individual client records are not required but record of numbers shall be maintained, such as sign in sheets, registration logs or an estimated number of assessments distributed.

4. **For OA3D program:**
   ● The provider must have a sign in sheet for the evidence-based program, which includes the time started, time ending, date, location, funding source, Title of evidence-based program, and signature of individuals participating.
   ● The contractor must submit AoA's criteria documents proving that the service providing is an evidence-based program.
   ● The contractor must verify and maintain documentation of provider qualifications for service.

5. CIRTS reporting requirements are below. ↓

CIRTS REPORTING REQUIREMENTS				
PROGRAM	**SERVICE**	**REPORTING OF SERVICES**	**OAA CLIENT REQUIREMENTS**	**MAX UNITS**
LSP	HRAG (GROUP)	MONTHLY AGGREGATE REPORTING	NOT REQUIRED	9999
LSP	HRAI (INDIV)	MONTHLY AGGREGATE REPORTING	NOT REQUIRED	9999
OA3D	HRAG (GROUP)	MONTHLY AGGREGATE REPORTING	NOT REQUIRED	9999
OA3D	HRAI (INDIV)	MONTHLY AGGREGATE REPORTING	NOT REQUIRED	9999

PROGRAM FUNDING SOURCE(S): LSP, OAAIIID

PROGRAM AUTHORITY:

Program Funding	Specific Authority
Rulemaking	Section 430.08, F.S.
LSP	Specific Appropriations
OAAIIID	Older Americans Act, Title III, Part D 42 U.S.C. 3030m, n
OAAI	Older Americans Act, Title I, Section 102, (14)

A. **DESCRIPTION:** Health risk screening services utilize diagnostic tools to screen large groups of people or clients for the presence of a particular disease or condition. This service is designed for early intervention and detection. Referral is required when screening results indicate professional services are needed or a request is made by the client being served. Health risk screening procedures screen for disease and ailments (for example, hypertension, glaucoma, cholesterol, cancer, vision loss, HIV/AIDS, STDs, osteoporosis, hearing loss, diabetes and nutrition deficiencies, etc..

B. **DELIVERY STANDARDS/SPECIAL CONDITIONS:** Persons found to be at risk for certain diseases or ailments as determined by the specific health risk screening, shall be counseled to seek the appropriate professional opinion for further evaluation. Documentation indicating client was advised to seek professional opinion shall be maintained.

   For OA3D: This service must be an evidence-based program that at least meets AoA's Minimal Criteria:

   - Demonstrated through evaluation to be effective for improving the health and wellbeing or reducing disease, disability and/or injury among older adults; and

   - Ready for translation, implementation and/or broad dissemination by community-based organizations using appropriately credentialed practitioners.

C. **PROVIDER QUALIFICATIONS:** Licensed health care professionals with appropriate liability insurance shall be used to conduct health screenings.

D.   RECORD KEEPING AND REPORTING REQUIREMENTS:

1.   Unit of Service - Individual: An episode is an individual screening test.

2.   A record of the number of clients participating in screenings shall be maintained via sign in sheets or other methods. Release of information forms and documentation indicating clients determined to be at risk were counseled and advised to seek professional opinion shall also be maintained.

3.   For OA3D program:
● The provider must have a sign in sheet for the evidence-based program, which includes the time started, time ending, date, location, funding source, Title of evidence-based program, and signature of individuals participating.
● The contractor must submit AoA's criteria documents proving that the service providing is an evidence-based program.
● The contractor must verify and maintain documentation of provider qualifications for service.

4.   CIRTS reporting requirements are below. ↓

CIRTS REPORTING REQUIREMENTS				
PROGRAM	**SERVICE**	**REPORTING OF SERVICES**	**OAA CLIENT REQUIREMENTS**	**MAX UNITS**
LSP	HRSI (INDIV)	MONTHLY AGGREGATE REPORTING	NOT REQUIRED	9999
OA3D	HRSI (INDIV)	MONTHLY AGGREGATE REPORTING	NOT REQUIRED	9999

PROGRAM FUNDING SOURCE(S): OAAIIID

PROGRAM AUTHORITY:

Program Funding   **Specific Authority**

Rulemaking   **Section 430.08, F.S.**

OAAIIID   **Older Americans Act, Title III, Part D**

A.   **DESCRIPTION:** Healthy Eating Every Day was designed by The Copper
      Institute. This program helps individuals establish healthy eating habits.
      Participants will learn how to identify reasons for their poor eating choices, learn
      management skills, and improve their eating habits. Healthy Eating Every Day
      follows the USDA Nutrition Guidelines.

      For more information please go to:
      http://www.activeliving.info/FeaturedCourses.cfm or contact:

      Michelle Maloney
      800-747-4457 ext. 2522
      MichelleM@hkusa.com

B.   **DELIVERY STANDARDS/SPECIAL CONDITIONS:**

      1.   Healthy Eating Every Day can be delivered in a classroom setting, or by
            one-on-one coaching or online formats. Providers may choose to deliver
            the program using the 20-week or the 14-week versions. Each week
            participants will meet for one hour.

      2.   Participants must each receive a copy of the Healthy Eating Every Day
            Participant Package for the course. Choosing the 14-week course outline
            means that six of the book chapters are "optional" to focus on the behavior
            change concepts of the program. Participants are to be encouraged to
            read the optional chapters.

      3.   It is recommended that group participant workshops start out with a
            minimum of five individuals and maximum of 20. In order to gain the full
            benefit of the program, it is recommended that participants attend at least
            70 percent of the sessions: 14 out of 20 or 10 out of 14, depending on the
            format chosen.

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4. This service is an evidence-based program which meets AoA's Highest-level Criteria:
- Undergone Experimental or Quasi-Experimental Design.
- Level at which full translation has occurred in a community site.
- Level at which dissemination products have been developed and are available to the public.

C.   PROVIDER QUALIFICATIONS:

1. To become a facilitator for the Healthy Eating Every Day program, individuals must become a partner of the organization "Active Living Partners". Individuals/organizations must:

   a. Contact Active Living Partners (information under program description above).

   b. Sign a license agreement. This allows you to offer Active Living Partners courses and to use our name, logo, and materials.

   c. To facilitate the program, facilitators must complete an in-person or web-based training workshop, and pass an online exam. You don't have to be a health care professional to be a program provider. Anyone interested in helping others improve their health can train to be a facilitator.

   d. Start offering courses – Active Living Partners will provide lesson plans, marketing materials, guidance on working with groups, and support as needed.

2. Provider must maintain program fidelity to the original program design by The Cooper Institute.

D.   RECORD KEEPING AND REPORTING REQUIREMENTS:

1. The provider shall maintain all appropriate documentation as set forth by the program (i.e., summary notes for each contact, copy of the assessment, and the treatment plan).

2.   **Unit of Service Individual:** One episode of direct service with a minimum of five participants and maximum of 20 participants on the first session for the entire 14 or 20-week course. The same participants would continue through the 14 or 20-week course. One episode equals one individual for the full 14 or 20-week course.

3.   **Unit of Service Group:** One episode of direct service with a minimum of five participants and maximum of 20 participants on the first session for the entire 14 or 20-week course. The same participants would continue through the 14 or 20-week course. One episode equals the full 14 or 20-week course.

4.   CIRTS reporting requirements are below. ↓

CIRTS REPORTING REQUIREMENTS				
PROGRAM	**SERVICE**	**REPORTING OF SERVICES**	**OAA CLIENT REQUIREMENTS**	**MAX UNITS**
OA3D	HEEDG (GROUP)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
OA3D	HEEDI (INDIV)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999

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PROGRAM FUNDING SOURCE(S): OAAIIID

PROGRAM AUTHORITY:

Program Funding   **Specific Authority**

Rulemaking   **Section 430.08, F.S.**

OAAIIID   **Older Americans Act, Title III, Part D**

A.   **DESCRIPTION:** Healthy Eating for Successful Living in Older Adults, developed by the Lahey Clinic in collaboration with other Boston-area organizations, is both an education and support program to assist older adults in self-management of their nutritional health. The workshop is conducted over 6 weekly sessions. The primary components of the program include self assessment, management of a dietary pattern, goal setting, problem-solving, group support, and education. The target population is individuals age 60 and older.

For more information please contact:
Jennifer Raymond
Hebrew Senior Life
Phone: 617-363-8319
TTY: 617-363-8000
Email: JenniferRaymond@hrca.harvard.edu

B.   **DELIVERY STANDARDS/SPECIAL CONDITIONS:**

1.   Healthy Eating for Successful Living in Older Adults can be facilitated at any community based organization which focuses on seniors such as senior centers, churches, congregate housing and congregate meal sites. Two Peer leaders are required to facilitate the program.

2.   Other Program requirements include:

a.   Class schedule: 6 weeks/ one session per week

b.   Class length: 2.5 hours per session

c.   Number of participants: 8-12 participants

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This service is an evidence-based program which meets AoA's Minimal Criteria:

- Demonstrated through evaluation to be effective for improving the health and wellbeing or reducing disease, disability and/or injury among older adults; and

- Ready for translation, implementation and/or broad dissemination by community-based organizations using appropriately credentialed practitioners.

C. PROVIDER QUALIFICATIONS:

1. Peer leaders are not required to have formal training in nutrition. Any staff, volunteer, or senior is eligible. Peer leaders should be interested in the subject matter, have commitment to trust the process, and have the ability to embrace change. Peer leaders should be willing to participate as a group member in each session and provide leadership when necessary.

2. Provider must maintain program fidelity to the original program design by Lahey Clinic.

D. RECORD KEEPING AND REPORTING REQUIREMENTS:

1. The provider shall maintain all appropriate documentation as set forth by the program (i.e., participant data, sign in sheets, evaluations, workshop information, etc.).

2. **Unit of Service Group:** One episode of direct service with or on behalf of clients regardless of the numbers of participants for a six week period.

3. The provider must have a sign in sheet for the evidence-based program, which includes the time started, time ending, date, location, funding source, Title of evidence-based program, and signature of individuals participating.

4. The contractor must submit AoA's minimum criteria documents proving that the service providing is an evidence-based program.

5. The contractor must verify and maintain documentation of provider qualifications for service.

6.   CIRTS reporting requirements are below. ↓

CIRTS REPORTING REQUIREMENTS				
PROGRAM	**SERVICE**	**REPORTING OF SERVICES**	**OAA CLIENT REQUIREMENTS**	**MAX UNITS**
OA3D	HESLG (GROUP)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
OA3D	HESLI (INDIV)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999

PROGRAM FUNDING SOURCE(S): OAAIIID

PROGRAM AUTHORITY:

Program Funding   Specific Authority

Rulemaking   Section 430.08, F.S.

OAAIIID   Older Americans Act, Title III, Part D

A.   DESCRIPTION: Healthy IDEAS (Identifying Depression, Empowering Activities for Seniors) is designed to detect and reduce the severity of depressive symptoms in older adults with chronic health conditions and functional limitations. It was developed by the Huffington Center on Aging at Baylor College of Medicine, Sheltering Arms and the Care for Elders Partnership in Houston.

For more information please go to: www.careforelders.org/healthyideas

B.   DELIVERY STANDARDS/SPECIAL CONDITIONS: The program is delivered as part of routine case management services over a period of three to six months. Typically, the program involves at least three face-to-face visits and at least three telephone contacts; although clients with more severe depression symptoms may require more contacts or attention beyond an initial intervention period. Agencies with only short-term relationships (less than 3-6 months) with their older adult clients are not able to implement the program.

This service is an evidence-based program which meets AoA's Highest-level Criteria:
- Undergone Experimental or Quasi-Experimental Design.
- Level at which full translation has occurred in a community site.
- Level at which dissemination products have been developed and are available to the public.

C.   PROVIDER QUALIFICATIONS:

1.   Case Managers must be trained to use the Healthy IDEAS curriculum. Healthy IDEAS Case Managers use problem-solving skills in working with their clients. Healthy IDEAS model incorporates the expertise of licensed mental health providers in a manner more in keeping with the resources of a community agency. Case Managers should have prior experience in mental health and be familiar with some of the barriers exhibited by the

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clients. The instructor must complete a 14-20 hour Healthy IDEAS training curriculum, which is delivered by a trained mental health or behavioral health specialist in an interactive group format, using a training DVD and local client scenarios.

2.   Provider must maintain program fidelity to the original program design by Huffington Center on Aging at Baylor College of Medicine.

E.   RECORD KEEPING AND REPORTING REQUIREMENTS:

1.   The provider shall maintain all appropriate documentation as set forth by the program.

2.   The contractor must verify and maintain documentation of provider qualifications for service.

3.   Unit of Service Individual: One hour of direct service with or on behalf of a client accumulated on a daily basis.

4.   CIRTS reporting requirements are below. ↓

CIRTS REPORTING REQUIREMENTS				
PROGRAM	**SERVICE**	**REPORTING OF SERVICES**	**OAA CLIENT REQUIREMENTS**	**MAX UNITS**
OA3D	HEIDI (INDIV)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999

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PROGRAM FUNDING SOURCE(S): OAAIIID

PROGRAM AUTHORITY:

Program Funding	**Specific Authority**
Rulemaking	**Section 430.08, F.S.**
OAAIIID	**Older Americans Act, Title III, Part D**

A. **DESCRIPTION:** Healthy Moves for Aging Well was developed and tested by the Partners in Care Foundation in collaboration with other Southern California organizations. This physical activity program enhances the activity level of frail, high-risk sedentary older adults and is supported by case managers as an additional service of their community-based case management program. The goal of Healthy Moves is to help older adults gain independence and reduce their risk of falls.

   For more information please go to: http://www.picf.org/landing_pages/22,3.html

B. **DELIVERY STANDARDS/SPECIAL CONDITIONS:** Healthy Moves for Aging Well is performed in the homes of seniors. Care managers from community-based care management agencies teach the program's exercises to older adults in their home. Guidelines concerning the number of repetitions per movement are distributed to all participating clients and they are encouraged by their care managers and motivational phones coaches to do the movements three to five days per week, multiple times. Care managers are required to spend 15 minutes with each client to identify their personal goals and incorporate the necessary movements into their daily activities. Motivational phone coaches contact their clients on a weekly or biweekly basis for a three month period to reinforce new behavior change.

   This service is an evidence-based program which meets AoA's Highest-level Criteria:
   - Undergone Experimental or Quasi-Experimental Design.
   - Level at which full translation has occurred in a community site.
   - Level at which dissemination products have been developed and are available to the public.

C.   PROVIDER QUALIFICATIONS:

1.   Care managers partner with motivational volunteer coaches from the community and/or local universities to assess the physical condition of their clients, engage them to participate, teach a variety of safe exercises, and encourage continuation by monitoring their progress.

2.   Provider must maintain program fidelity to the original program design by Partners in Care Foundation.

D.   RECORD KEEPING AND REPORTING REQUIREMENTS:

1.   Care managers measure changes in the level of pain, depression, fear of falling, number of falls, and fall injuries. The clients verbalize how ready they are to increase their physical activity and choose a goal they would like to achieve by becoming more active.

2.   After 3 months of participation with regular monitoring by phone via volunteer coaches, the clients are reassessed. The new data is compared to the baseline data to measure goal achievement and any improvement in the client's mental and physical well-being as a result of their involvement in the exercise program. Six months from baseline, clients are asked if they are still performing the exercises regularly and progress is documented.

3.   The provider shall maintain a summary note for each contact, copy of the assessment, and the treatment plan.

4.   The provider shall maintain all appropriate documentation as set forth by the program (i.e., participant data, telephone log sheets (which includes the time started, time ending, date, location, funding source, Title of evidence-based program, and signature of individuals participating), evaluations, workshop information, etc.).

5.   The contractor must verify and maintain documentation of provider qualifications for service.

6.   **Unit of Service Individual:** One hour of direct service with or on behalf of a client accumulated on a daily basis.

7.   CIRTS reporting requirements are included on the next page. ↓

CIRTS REPORTING REQUIREMENTS				
PROGRAM	**SERVICE**	**REPORTING OF SERVICES**	**OAA CLIENT REQUIREMENTS**	**MAX UNITS**
OA3D	HMAWI (INDIV)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999

PROGRAM FUNDING SOURCE(S): OAAIIID

PROGRAM AUTHORITY:

Program Funding   **Specific Authority**

Rulemaking   **Section 430.08, F.S.**

OAAIIID   **Older Americans Act, Part D**
    42 U.S.C. 3030m, n

OAAI   **Older Americans Act, Title I, Section 102, (14)**

A.   **DESCRIPTION:** Home injury control is defined as services aimed at preventing or reducing physical harm due to falls or other preventable injuries of elders in their homes. This can be done on a one-on-one or group basis.

B.   **DELIVERY STANDARDS/SPECIAL CONDITIONS:**

    1.   Home injury control may include in-home screening of high risks environments; instructional sessions conducted in the home for injury prevention measures; and group educational seminars on injury prevention.

    2.   Needed safety equipment/repairs and home modifications **cannot** be purchased with OAA IIID funds. Attempts should be made to secure donated items or refer the client to a program that provides such equipment, repairs or home modifications.

This service must be an evidence-based program that at least meets AoA's Minimal Criteria:

- Demonstrated through evaluation to be effective for improving the health and wellbeing or reducing disease, disability and/or injury among older adults; and

- Ready for translation, implementation and/or broad dissemination by community-based organizations using appropriately credentialed practitioners.

C.   PROVIDER QUALIFICATIONS: Professionals or qualified lay persons (certified in the field of service) with experience in home injury control, fire safety and poison control, as well as individuals who have taken an Injury Prevention training (need to show proof that they have taken such course and that they could facilitate instruction, can be used to conduct lectures, seminars, or workshops in which the main focus of the event is to provide the audience with information on falls and injury prevention).

D.   RECORD KEEPING AND REPORTING REQUIREMENTS:

1.   **Unit of Service---Individual:** An episode is one in-home screening and/or instructional session regardless of the amount of information provided.

2.   **Unit of Service---Group:** An episode is an instructional session or educational seminar regardless of the number of clients in attendance.

3.   A record of the numbers of clients shall be maintained. This may include sign in sheets, registration logs or other methods.

4.   The provider must have a sign in sheet for the evidence-based program, which includes the time started, time ending, date, location, funding source, Title of evidence-based program, and signature of individuals participating.

5.   The contractor must submit AoA's criteria documents proving that the service providing is an evidence-based program.

6.   The contractor must verify and maintain documentation of provider qualifications for service.

7.   CIRTS reporting requirements are below. ↓

CIRTS REPORTING REQUIREMENTS				
PROGRAM	**SERVICE**	**REPORTING OF SERVICES**	**OAA CLIENT REQUIREMENTS**	**MAX UNITS**
OA3D	HICG (GROUP)	MONTHLY AGGREGATE REPORTING	NOT REQUIRED	9999
OA3D	HICI (INDV)	MONTHLY AGGREGATE REPORTING	NOT REQUIRED	9999

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PROGRAM FUNDING SOURCE(S): OAAIIID

PROGRAM AUTHORITY:

Program Funding	**Specific Authority**
Rulemaking	**Section 430.08, F.S.**
OAAIIID	**Older Americans Act, Title III, Part D**

A.   DESCRIPTION: HomeMeds, previously known as Medication Management Improvement System (MMIS), was adapted from the Vanderbilt University Medication Management Model by the Partners in Care Foundation in California. This intervention was designed to identify, assess and resolve medication problems that are common among frail older adults. The medication errors that are specifically targeted by HomeMeds are: unnecessary therapeutic duplication, cardiovascular medication problems, falls, confusion, and inappropriate use of non-steroidal anti-inflammatory drugs.

For more information please go to: http://www.picf.org/landing_pages/23,3.html

B.   DELIVERY STANDARDS/SPECIAL CONDITIONS: Core components include screening, assessment, consultation, and follow-up for high risk older adults – all conducted by the care manager in consultation with a consulting pharmacist. The intervention includes a computerized risk assessment screening algorithm and alert system to assist care mangers in identifying potential medication problems. Because care managers already dedicate time to collect medication lists, adding the intervention to identify and correct medication problems is cost-effective, relatively simple to implement, and can have a powerful positive impact on clients' health and quality of life.

This service is an evidence-based program which meets AoA's Highest-level Criteria:
- Undergone Experimental or Quasi-Experimental Design.
- Level at which full translation has occurred in a community site.
- Level at which dissemination products have been developed and are available to the public.

C.   PROVIDER QUALIFICATIONS:

1.   To become a site for this evidence-based program, your participation in the NCOA Diffusion of Innovation Readiness survey is required. Please visit the link below to access the survey. After completion you will be contacted by Partners in Care Foundation with more information on software and required training to implement the program: http://www.homemeds.org/landing_pages/17,3.html

2.   Provider must maintain program fidelity to the original program design by Vanderbilt University.

D.   RECORD KEEPING AND REPORTING REQUIREMENTS:

1.   This program requires accurate reporting of medications into an online database system which requires a site license for software. The software then creates any alerts which are then reviewed by a pharmacist who will then notify the client's physician. The provider will then follow up with the client annually unless the client addresses a concern to the case manager.

2.   The provider shall maintain a summary note for each contact, copy of the assessment, and the treatment plan.

3.   The provider shall maintain all appropriate documentation as set forth by the program.

4.   The contractor must verify and maintain documentation of provider qualifications for service.

5.   **Unit of Service Individual:** One hour of direct service with or on behalf of a client.

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6.   CIRTS reporting requirements are below. ↓

CIRTS REPORTING REQUIREMENTS				
PROGRAM	**SERVICE**	**REPORTING OF SERVICES**	**OAA CLIENT REQUIREMENTS**	**MAX UNITS**
OA3D	MMISI (INDIV)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999

PROGRAM FUNDING SOURCE(S): CCE, LSP, OAAIIID

PROGRAM AUTHORITY:

Program Funding	Specific Authority
Rulemaking	**Section 430.08, F.S.**
CCE	**Sections 430.201-207, F.S.**
LSP	**Specific Appropriations**
OAAIIID	**Older Americans Act, Title III, Part D, Sections 361, 362 42 U.S.C. 3030m, n**
OAAI	**Older Americans Act, Title I, Section 102, (14)**

A.   **DESCRIPTION:** Medication management screening and education is defined as identification and counseling regarding the medication regimes that clients are using, including prescription and over-the-counter medications, vitamins and home remedies. These services also help to identify any dietary factors that may interact with the medication regime. The combination of alcohol or tobacco with various medications and diets, along with the effects on specific conditions, would ideally be included in this service. This can be done on a one-on-one or group basis.

B.   **DELIVERY STANDARDS/SPECIAL CONDITIONS:** The service provider shall receive written consent from the elder before medication management counseling services are to be provided. All problems found during the counseling session should be noted in the client's file and discussed with the client during the time that services are provided. The service provider should make every effort to follow up with the elderly client at a later date and/or with permission of the client, follow up with his/her primary care physician.

For OA3D: This service must be an evidence-based program that at least meets AoA's Minimal Criteria:

- Demonstrated through evaluation to be effective for improving the health and wellbeing or reducing disease, disability and/or injury among older adults; and

- Ready for translation, implementation and/or broad dissemination by community-based organizations using appropriately credentialed practitioners.

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C. **PROVIDER QUALIFICATIONS:** Pharmacists or individuals trained in medication management shall be used to deliver the service.

D. **RECORD KEEPING AND REPORTING REQUIREMENTS:**

1. **Unit of Service—Individual:**

a. For CCE and LSP: An episode is one client who receives individual counseling.

b. For OA3D: Individuals are measured in hourly units. An individual is one client directly served who receives individual counseling. (Hourly units are described in Section 1: General Information, Common Issues for Programs/Services.)

2. **Unit of Service—Group:**

a. For CCE and LSP: An episode is one lecture, workshop, or seminar, regardless of the number of clients who attend and receive counseling.

b. For OA3D: Groups are measured in hourly units. A group is one lecture, workshop, or seminar, regardless of the number of clients who attend and receive counseling. (Hourly units are described in Section 1: General Information, Common Issues for Programs/Services.)

c. A record of the number of clients served shall be maintained. This may include sign in sheets, registration logs, or other methods of documentation. Where appropriate, client files shall contain written consent and follow-up documentation.

3. **For OA3D program:**
● The provider must have a sign in sheet for the evidence-based program, which includes the time started, time ending, date, location, funding source, Title of evidence-based program, and signature of individuals participating.
● The contractor must submit AoA's criteria documents proving that the service providing is an evidence-based program.
● The contractor must verify and maintain documentation of provider qualifications for service.

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4.   CIRTS reporting requirements are included below. ↓

CIRTS REPORTING REQUIREMENTS				
PROGRAM	**SERVICE***	**REPORTING OF SERVICES**	**OAA CLIENT REQUIREMENTS**	**MAX UNITS**
CCE	MMG (GROUP)	MONTHLY AGGREGATE REPORTING	N/A	100
CCE	MMI (INDV)	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
LSP	MMG (GROUP)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
LSP	MMI (INDV)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
OA3D	MEMAG (GROUP)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
OA3D	MEMAI (INDV)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999

*The MM and MEMA are two codes for Medication Management. The code MM has a unit measure of EPISODES and MEMA codes are measured in HOURS.

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PROGRAM FUNDING SOURCES: CCE, LSP, OAAIIIC1, OAAIIIC2, OAAIIID

A.   PROGRAM DESCRIPTION: Nutrition counseling provides one-on-one individualized advice and guidance to persons, who are at nutritional risk because of their poor health, nutritional history, current dietary intake, medication use or chronic illness. Nutrition Counseling includes options and methods for improving a client's nutritional status.

B.   DELIVERY STANDARDS/SPECIAL CONDITIONS:
1.   A Florida licensed dietitian and/or licensed registered dietitian shall provide this service on an individual basis. (Section 468.516, F.S.)

2.   The initial counseling session, to the extent possible, must be face-to-face.

3.   A written or oral diet order from the client's physician shall be on file prior to providing nutritional counseling. In the event the licensed dietitian is unable to obtain written or oral authorization from the physician, the licensed dietitian may use professional discretion in providing nutrition counseling.

4.   Clients for nutritional counseling may be identified through a screening/intake process (i.e., 701A, 701B or 701C), by self-referral, or by referral from a caregiver or other concerned party.

5.   **For OA3D:** This service must be an evidence-based program that at least meets AoA's Minimal Criteria:

●   Demonstrated through evaluation to be effective for improving the health and wellbeing or reducing disease, disability and/or injury among older adults; and

●   Ready for translation, implementation and/or broad dissemination by community-based organizations using appropriately credentialed practitioners.

C.   PROVIDER QUALIFICATIONS: A Florida licensed dietitian and/or licensed registered dietitian, or a registered dietetic technician (RDT) under the supervision of a Florida licensed dietitian and/or licensed registered dietitian shall evaluate the participant's nutritional needs, conduct a comprehensive nutrition assessment, and develop a nutrition care plan in accordance with Chapter 64B8-43, Florida Administrative Code. It is recommended that any dietitian providing nutrition counseling be covered by malpractice insurance.

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D.   RECORD KEEPING AND REPORTING REQUIREMENTS:

   1.   Unit of Service: One hour of direct service with or on behalf of a client.

   2.   Documentation: Licensed dietitians and/or licensed registered dietitians shall keep applicable written participant records that shall include the nutrition assessment, the nutrition counseling plan, dietary orders, nutrition advice, progress notes and recommendations related to the participant's health or the participant's food or supplement intake, and any participant examination or test results in accordance with Chapter 64B8-44, Florida Administrative Code.

   3.   For OA3D program:
   ● The provider must have a sign in sheet for the evidence-based program, which includes the time started, time ending, date, location, funding source, Title of evidence-based program, and signature of individuals participating.
   ● The contractor must submit AoA's criteria documents proving that the service providing is an evidence-based program.
   ● The contractor must verify and maintain documentation of provider qualifications for service.

   4.   CIRTS reporting requirements are below. ↓

CIRTS REPORTING REQUIREMENTS				
PROGRAM	**SERVICE**	**REPORTING OF SERVICES**	*OAA CLIENT REQUIREMENTS*	**MAX UNITS**
CCE	NUCOI (INDV)	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
LSP	NUCOI (INDV)	MONTHLY AGGREGATE REPORTING	ZERO UNIT ENTRY REQUIRED ANNUALLY	9999
O3C1	NUCOI (INDV)	MONTHLY AGGREGATE REPORTING	ZERO UNIT ENTRY REQUIRED ANNUALLY	9999
O3C2	NUCOI (INDV)	MONTHLY AGGREGATE REPORTING	ZERO UNIT ENTRY REQUIRED ANNUALLY	9999
OA3D	NUCOI (INDV)	MONTHLY AGGREGATE REPORTING	ZERO UNIT ENTRY REQUIRED ANNUALLY	9999

PROGRAM FUNDING SOURCE: OAAIIID

PROGRAM AUTHORITY:

Program Funding   *Specific Authority*

OAAIIID   **Older Americans Act, Title III, Part D, Sections 361, 362**
                          42 U.S.C. 3030m, n

OAAI   **Older Americans Act, Title I, Section 102, (14)**

A.   **DESCRIPTION:** Physical fitness services are defined as activities for elders to improve their strength, flexibility, endurance, muscle tone, range of motion, reflexes, cardiovascular health and/or other aspects of physical functioning.

B.   **DELIVERY STANDARDS/SPECIAL CONDITIONS:** Activities shall be geared to all levels of fitness including frail clients and those in wheelchairs.

       This service must be an evidence-based program that at least meets AoA's Minimal Criteria:

       - Demonstrated through evaluation to be effective for improving the health and wellbeing or reducing disease, disability and/or injury among older adults; and

       - Ready for translation, implementation and/or broad dissemination by community-based organizations using appropriately credentialed practitioners.

C.   **PROVIDER QUALIFICATIONS:** Physical fitness activities shall be provided by a certified trainer, for example, personal fitness trainers or physical therapists. Other provider qualifications shall be approved by the AAA or designee before being used in any physical fitness services.

D.   **RECORD KEEPING AND REPORTING REQUIREMENTS:**

       1.   **Unit of Service - Group:** One hour of physical fitness activity, regardless of the number of clients in attendance.

       2.   Documentation of the number of clients attending and evaluation of the service shall be maintained.

       3.   Providers are encouraged to keep a physician's certification or a client waiver on file for participants.

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4.   The provider must have a sign in sheet for the evidence-based program, which includes the time started, time ending, date, location, funding source, Title of evidence-based program, and signature of individuals participating.

5.   The contractor must submit AoA's criteria documents proving that the service providing is an evidence-based program.

6.   The contractor must verify and maintain documentation of provider qualifications for service.

7.   CIRTS reporting requirements are below. ↓

CIRTS REPORTING REQUIREMENTS				
PROGRAM	**SERVICE**	**REPORTING OF SERVICES**	**OAA CLIENT REQUIREMENTS**	**MAX UNITS**
OA3D	PHFG	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999

PROGRAM FUNDING SOURCE(S): OAAIIID

PROGRAM AUTHORITY:

Program Funding   **Specific Authority**

Rulemaking   **Section 430.08, F.S.**

OAAIIID   **Older Americans Act, Title III, Part D**

A.   **DESCRIPTION:** Spanish Arthritis Self-Management program (Programa de Manejo Personal de la Artritis) was developed by Stanford University. Spanish-speaking people with different kinds of arthritis and other rheumatic diseases attend workshops that are given in Spanish without translators. The Program is not a translation of the Arthritis Self-Management (Self-Help) Program, but developed separately in Spanish. Subjects covered are similar, but they are presented in ways that are culturally appropriate. Subjects include: 1) techniques to deal with problems such as pain, frustration, fatigue, and isolation, 2) appropriate exercise for maintaining and improving strength, flexibility, and endurance, 3) appropriate use of medications, 4) communicating effectively with family, friends, and health professionals, 5) appropriate use of the health care system, and, 6) how to evaluate new and alternative treatments.

For more information please go to:
http://patienteducation.stanford.edu/programs_spanish/asmpesp.html

B.   **DELIVERY STANDARDS/SPECIAL CONDITIONS:**

1.   This service must maintain fidelity of the program in accordance with the following Stanford's manuals:

a.   Implementation Manual

b.   Master Trainer Manual

c.   Lay Leader Manual

d.   Fidelity Manual

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2. Other requirements of the program include:

   a. Number of weeks: 6 weeks (once a week)

   b. Workshop participant size:

      i. Minimum 10 participants

      ii. Maximum 16 participants

   c. Session length: 2.5 hours a session

   d. Workshops are facilitated from a highly detailed manual by two trained lay leaders.

3. Any deviation of this program as set forth by Stanford University is a violation of the license and may result in revocation of the Stanford license.

4. This service is an evidence-based program which meets AoA's Highest-level Criteria:
   ● Undergone Experimental or Quasi-Experimental Design.
   ● Level at which full translation has occurred in a community site.
   ● Level at which dissemination products have been developed and are available to the public.

C. **PROVIDER QUALIFICATIONS:**

1. This service may be provided by trained Master Trainers and Lay Leaders who were approved by the License provider. The program requires two trained lay leaders to facilitate a six week session workshop.

2. Individuals who are trained in the Stanford University evidence-based programs need to be trained separately for each program to be either Master Trainers or Lay Leaders.

3. Provider must maintain program fidelity to the original program design by Stanford University.

D.   RECORD KEEPING AND REPORTING REQUIREMENTS:

1. The provider shall maintain all appropriate documentation as set forth by the program (i.e., participant data, sign in sheets (which includes the time started, time ending, date, location, funding source, Title of evidence-based program, and signature of individuals participating), evaluations, workshop information, etc.).

2. The contractor must verify and maintain documentation of provider qualifications for service.

3. **Unit of Service Group:** One episode of direct service with a minimum of 10 participants and a maximum of 16 participants on the first session. The same participants would continue through the 6-week course. One episode equals 6 week session. The entire six weeks needs to be completed prior to submitting for payment.

4. CIRTS reporting requirements are below. ↓

CIRTS REPORTING REQUIREMENTS				
PROGRAM	**SERVICE**	**REPORTING OF SERVICES**	**OAA CLIENT REQUIREMENTS**	**MAX UNITS**
OA3D	SASMPG (GROUP)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999

PROGRAM FUNDING SOURCE(S): OAAIIID

PROGRAM AUTHORITY:

Program Funding   **Specific Authority**

Rulemaking   **Section 430.08, F.S.**

OAAIIID   **Older Americans Act, Title III, Part D**

A.   **DESCRIPTION:** Programa de Manejo Personal de la Diabetes was developed by Stanford University. People with type 2 diabetes attend workshops in a community setting. Subjects covered include: 1) techniques to deal with the symptoms of diabetes, fatigue, pain, hyper/hypoglycemia, stress, and emotional problems such as depression, anger, fear and frustration; 2) appropriate exercise for maintaining and improving strength and endurance; 3) healthy eating 4) appropriate use of medication; and 5) working more effectively with health care providers. Participants will make weekly action plans, share experiences, and help each other solve problems they encounter in creating and carrying out their self-management program.

For more information please go to:
http://patienteducation.stanford.edu/programs/diabeteseng.html

B.   **DELIVERY STANDARDS/SPECIAL CONDITIONS:**

    1.   This service must maintain fidelity of the program in accordance with Stanford's manuals:

        a.   Implementation Manual

        b.   Master Trainer Manual

        c.   Lay Leader Manual

        d.   Fidelity Manual

2. Other requirements of the program include:

   a. Number of weeks: 6 weeks (once a week)

   b. Workshop participant size:

   iii. Minimum 10 participants

   iv. Maximum 16 participants

   c. Session length: 2.5 hours a session

   d. Workshops are facilitated from a highly detailed manual by two trained lay leaders.

3. Any deviation of this program as set forth by Stanford University is a violation of the license and may result in revocation of the Stanford license.

4. This service is an evidence-based program which meets AoA's Highest-level Criteria:
   - Undergone Experimental or Quasi-Experimental Design.
   - Level at which full translation has occurred in a community site.
   - Level at which dissemination products have been developed and are available to the public.

C. PROVIDER QUALIFICATIONS:

1. This service may be provided by trained Master Trainers and Lay Leaders who are approved by a License provider. The program requires two trained lay leaders to facilitate a six week session workshop. Provider will follow Stanford's qualifications as stated in the Implementation and Fidelity manuals in recruiting Master Trainers and Lay Leaders.

2. Individuals who are trained in the Stanford University evidence-based programs need to be trained separately for each program to be either Master Trainers or Lay Leaders.

3. Provider must maintain program fidelity to the original program design by Stanford University.

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D. RECORD KEEPING AND REPORTING REQUIREMENTS:

1. The provider shall maintain all appropriate documentation as set forth by the program (i.e., participant data, sign in sheets (which includes the time started, time ending, date, location, funding source, Title of evidence-based program, and signature of individuals participating), evaluations, workshop information, etc.).

2. The contractor must verify and maintain documentation of provider qualifications for service.

3. **Unit of Service Group:** One episode of direct service with a minimum of 10 participants and a maximum of 16 participants on the first session. The same participants would continue through the 6-week course. One episode equals 6 week session. The entire six weeks needs to be completed prior to submitting for payment.

4. **CIRTS reporting requi**rements are below. ↓

CIRTS REPORTING REQUIREMENTS				
PROGRAM	**SERVICE**	**REPORTING OF SERVICES**	**OAA CLIENT REQUIREMENTS**	**MAX UNITS**
OA3D	PMPDG (GROUP)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999

PROGRAM FUNDING SOURCE(S): OAAIIID

PROGRAM AUTHORITY:

Program Funding	**Specific Authority**
Rulemaking	**Section 430.08, F.S.**
OAAIIID	**Older Americans Act, Title III, Part D**

A.   DESCRIPTION: The Program to Encourage Active, Rewarding Lives for Seniors (PEARLS) is an intervention for relatively home-bound seniors with moderate depression. The intervention is conducted in the home of subjects in eight sessions over a 19-week period. This intervention seeks to improve depression outcomes through a structured program of problem-solving therapy and pleasurable events scheduling. The PEARLS intervention also includes clinical supervision by a psychiatrist. PEARLS is designed to be deliverable by staff typically available in an Area Agency on Aging or in senior centers.

Program website: www.pearlsprogram.org

Contact Information:
Eddie Edmondson, LICSW
Manager, CHAMMP Training Institute
University of Washington at Harborview Medical Center
325 Ninth Ave, Box 359911
Seattle WA 98104
206.744.1751
206.744.9939 fax
eedmonds@uw.edu

B. **DELIVERY STANDARDS/SPECIAL CONDITIONS:** Program to Encourage Active Rewarding Lives for Seniors (PEARLS) is conducted over six to eight sessions during a six month period at the client's home. Before regular counseling sessions can begin, a process of recruiting and screening prospective clients for depressive orders must take place first. During the course of the PEARLS treatment, the counselor must pay attention to different ways of conducting sessions depending whether it is a first, middle or last session. Clinical supervision must be conducted on a weekly or biweekly basis.

This service is an evidence-based program which meets AoA's Highest-level Criteria:
- Undergone Experimental or Quasi-Experimental Design.
- Level at which full translation has occurred in a community site.
- Level at which dissemination products have been developed and are available to the public.

C. **PROVIDER QUALIFICATIONS:**

1. The PEARLS program requires a collaborative effort among several key roles, starting with an organizational leader who will provide and support an infrastructure for implementation. The organizational leader will also supervise the work done by the PEARLS manager, the clinical supervisor, Data Coordinator, and Pearls counselor. Below is a brief description of each role:

a. **PEARLS Manager:** The person in charge of managing the PEARLS program may be a project manager, a planner, a case manager, a case management supervisor, or another appropriate staff member. The specific duties of the PEARLS manager may vary in different organizations or locations, but may include supervising PEARLS staff members, assigning eligible PEARLS clients to counselors who will deliver the program, and managing the activities and results of the data coordinator. In some cases, the PEARLS manager will also handle recruitment.

b. **Clinical Supervisor:** The person providing clinical supervision to the counselor(s). The supervisor meets regularly with the PEARLS counselor in person or on the phone to review client cases and provide guidance on the sessions.

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    c.   **Data Coordinator:** The data coordinator is responsible for managing the data that comes from the PEARLS sessions, as well as from the program evaluation instruments (Baseline and Follow-up Questionnaires). Duties also include tracking and reporting the number of clients who are eligible, enrolled, and completed.

    d.   **PEARLS Counselor:** The PEARLS counselor is the heart of PEARLS, as this individual works directly with clients to implement the program. This role includes recruitment and screening, conducting the sessions and follow-up activities, and providing data (for screening, baseline and follow-up) to the data coordinator.

  2.   Provider must maintain program fidelity to the original program design by The University of Washington PRC.

D.   **RECORD KEEPING AND REPORTING REQUIREMENTS:**

  1.   As stated in the implementation requirements, the data coordinator is responsible for managing the data pertaining to the PEARLS sessions, and the program evaluations instruments. Templates and Samples of the forms needed to collect this data are provided in the PEARLS toolkit. Website to access this toolkit is provided under the program description above. It is the responsibility of the provider to implement the program as it was designed and to collect all the appropriate data requested.

  2.   The provider shall maintain all appropriate documentation as set forth by the program (i.e., summary notes for each contact, copy of assessment, treatment plan, participant data, telephone log sheets (which includes the time started, time ending, date, location, funding source, and Title of evidence-based program), evaluations, workshop information, etc.).

  3.   The contractor must verify and maintain documentation of provider qualifications for service.

  4.   **Unit of Service Individual:** One hour of direct service with or on behalf of a client accumulated on a daily basis.

  5.   CIRTS reporting requirements are on next page. ↓

CIRTS REPORTING REQUIREMENTS				
PROGRAM	SERVICE	REPORTING OF SERVICES	OAA CLIENT REQUIREMENTS	MAX UNITS
OA3D	PEARLI (INDIV)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999

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PROGRAM FUNDING SOURCE(S): OAAIIID

PROGRAM AUTHORITY:

Program Funding   Specific Authority

Rulemaking   Section 430.08, F.S.

OAAIIID   Older Americans Act, Title III, Part D

A.   **DESCRIPTION:** Stepping On is a program that empowers older adults to carry out health behaviors that reduce the risks of falls, improve self-management, and increase quality of life. Participants of this program should be older adults who are 65 or over, at risk of falling, have a fear of falling, or who have fallen one or more times. Topics covered in this workshop include: Simple and fun balance and strength training, the role vision plays in keeping your balance, how medication can contribute to falls, ways to stay safe when out and about in your community, what to look for in safe footwear, and how to check your home for safety.

For more information contact:
Barbara Murray, Program Assistant
Wisconsin Institute for Healthy Aging
(608) 243-5690
Barbara.Murray@wihealthyaging.org
Website: http://www.ncoa.org/improve-health/center-for-healthy-aging/stepping-on.html

B.   **DELIVERY STANDARDS/SPECIAL CONDITIONS:** The Stepping On workshop meets for two hours a week for seven weeks led by a professional leader and a peer leader. There is a minimum of 8 and a maximum of 12 participants per workshop allowed. A participant of this program must attend five out of seven sessions to be a completer. Two weeks after the last session the leader meets with the participants in their homes or by phone, and three months after the last workshop there is a class booster session.

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This service is an evidence-based program which meets AoA's Highest-level Criteria:

- Undergone Experimental or Quasi-Experimental Design.
- Level at which full translation has occurred in a community site.
- Level at which dissemination products have been developed and are available to the public.

C. PROVIDER QUALIFICATIONS:

To lead a workshop, organizations must send potential workshop leader to a 3-day training, and purchase a license.

Stepping On Professional Leader Qualifications

- Professional (RN, NP, LPN, PA, OT, PT, PTA, COTA, Social Worker, Fitness Expert, Health Educator) with professional training related to older adults, who has facilitated an evidence-based group program based on adult learning or self-efficacy principles, and worked with older adults in a professional setting.
- Completed 3-day training, conducted by Wisconsin Institute for Healthy Aging, its licensees or Master Trainers.

Stepping On Peer Leader Qualifications

- Older adult who has experience with falls or falls prevention, and/or participated in or facilitated a Stepping On workshop or another evidence-based group program based on adult learning of self-efficacy principles, and has strong desire to lead by example and be able to participate in doing the strength and balance exercises that are part of the program.

D.   RECORD KEEPING AND REPORTING REQUIREMENTS:

1.   Provide a yearly report to WIHA under the oversight of Master Trainer that contains: (a) the number of Stepping On workshops given by Licensee; (b) the dates of those workshops; (c) the number of attendees at each workshop; and (d) the names and addresses of the leaders of each workshop. In addition, if Licensee has offered leader training, Licensee will submit to WIHA (i) the number of leader trainings given by the Licensee; (ii) the dates of each of those trainings; (iii) the number of leaders trained at each training course; (iv) the names and addresses of the organizations receiving such training; and (v) the names of the leaders who have undergone fidelity checks and the dates that all such fidelity checks are completed.

2.   The provider shall maintain all appropriate documentation as set forth by the program (i.e., participant data, sign in sheets (which includes the time started, time ending, date, location, funding source, Title of evidence-based program, and signature of individuals participating), evaluations, workshop information, etc.).

3.   The contractor must verify and maintain documentation of provider qualifications for service.

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4. **Unit of Service Individual:** One episode of direct service with or on behalf of a client accumulated on a daily basis for entire seven week period.

5. **Unit of Service Group:** One episode of direct service with or on behalf of clients regardless of the numbers of participants for entire seven week period.

6. The provider shall maintain a summary note for each contact, copy of the assessment, and the treatment plan.

7. CIRTS reporting requirements are below. ↓

CIRTS REPORTING REQUIREMENTS				
PROGRAM	**SERVICE**	**REPORTING OF SERVICES**	**OAA CLIENT REQUIREMENTS**	**MAX UNITS**
OA3D	STONG (GROUP)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
OA3D	STONI (INDIV)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999

PROGRAM FUNDING SOURCE(S): OAAIIID

PROGRAM AUTHORITY:

Program Funding   **Specific Authority**

Rulemaking   **Section 430.08, F.S.**

OAAIIID   **Older Americans Act, Title III, Part D**

A.   **DESCRIPTION:** Developed out of the Oregon Research Institute, this simplified, 8-form version of Tai Chi, offered in community settings, has been proven to decrease the number of falls and risk of falling in older adults. Other benefits associated with this program include social and mental well-being, balance and daily physical functioning, self-confidence in performing daily activities, personal independence and quality of life and overall health.

      For more information please go to: http://www.ncoa.org/improve-health/center-for-healthy-aging/content-library/program-summary-tai-chi.html

B.   **DELIVERY STANDARDS/SPECIAL CONDITIONS:**
      1. Tai Chi: Moving for Better Balance workshops are offered to adults aged 60 or older.
      2. Participants are lead by a certified trainer.
      3. There are several options for frequency and duration of the program:

	Hours Per Class	Classes Per Week	At Home Practice Per Week for 45 Minutes	Total Weeks	Total Hours for Program
Option 1	1	3	0	12	36
Option 2	1	2	1	12	36
Option 3	1.5	2	0	12	36

      The course length has many options:
      • 12 weeks – minimum
      • 16 weeks
      • 24 weeks (6 months) – preferred length showing best results for fewer incidences of falls especially if continued program after the 6 months.

4. A completer is an individual who completes 75 percent of the total number of sessions.
5. It is expected that the sessions will take place in a spacious and sufficiently private area that can adequately accommodate participants and instructors.
6. Workshop participant size: Minimum 10 participants and Maximum 20 participants.
7. Materials required for the workshop include the instructor's manual and participant manuals. DVDs are optional.
8. Instructor is responsible for maintaining fidelity to the program by teaching each session as it was designed by the Oregon Research Institute.
9. This service is an evidence-based program which meets AoA's Highest-level Criteria:
   - Undergone Experimental or Quasi-Experimental Design.
   - Level at which full translation has occurred in a community site.
   - Level at which dissemination products have been developed and are available to the public.

C. PROVIDER QUALIFICATIONS:

1. To become certified, instructors should have some knowledge about working with older adults and experience in Tai Chi or other fitness programs such as yoga, dance, qigong, etc. prior to completing a Tai Chi: Moving for Better Balance training that lasts two days.

2. Provider must maintain program fidelity to the original program design by The Oregon Research Institute.

D. RECORD KEEPING AND REPORTING REQUIREMENTS:

1. The provider shall maintain all appropriate documentation as set forth by the program (i.e., participant data, sign in sheets (which includes the time started, time ending, date, location, funding source, Title of evidence-based program, and signature of individuals participating), evaluations, workshop information, etc.).

2. The contractor must verify and maintain documentation of provider qualifications for service.

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3. **Unit of Service Group:** One episode of direct service with a minimum of 10 participants and maximum of 20 participants for the first session. The same participants would continue through 12 weeks, 16 weeks, or 24 weeks, whichever is desired by the certified Tai Chi: Moving for Better Balance Instructor. One episode equals the selected number of week session. The entire selected number of weeks program needs to be completed prior to submitting for payment.

4. CIRTS reporting requirements are below. ↓

CIRTS REPORTING REQUIREMENTS				
PROGRAM	**SERVICE**	**REPORTING OF SERVICES**	**OAA CLIENT REQUIREMENTS**	**MAX UNITS**
OA3D	TCMBBG (GROUP)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999

PROGRAM FUNDING SOURCE(S): OAAIIID

PROGRAM AUTHORITY:

Program Funding   **Specific Authority**

Rulemaking   **Section 430.08, F.S.**

OAAIIID   **Older Americans Act, Title III, Part D**

A.   **DESCRIPTION:** Tomando Control de su Salud was developed at Stanford University and designed to teach a range of skills in managing chronic conditions for the Spanish speaking population. The program is not a translation of the Chronic Disease Self-Management Program, but developed separately in Spanish. Subjects covered are similar, but they are presented in ways that are culturally appropriate. Subjects include: 1) techniques to deal with problems such as frustration, fatigue, pain and isolation, 2) appropriate exercise for maintaining and improving strength, flexibility, and endurance, 3) appropriate use of medications, 4) communicating effectively with family, friends, and health professionals, 5) healthy eating, 6) appropriate use of the health care system, and, 7) how to evaluate new treatments.

For more information go to:
http://patienteducation.stanford.edu/programs_spanish/tomando.html

B.   **DELIVERY STANDARDS/SPECIAL CONDITIONS:**

1.   This service must maintain fidelity of the program by following Stanford's manuals:

a.   Implementation Manual

b.   Master Trainer Manual

c.   Lay Leader Manual

d.   Fidelity Manual

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2. Other requirements include:

   a. Number of weeks: 6 weeks (once a week)

   b. Workshop participant size:

   i. Minimum 10 participants

   ii. Maximum 15 participants

   c. Session length: 2.5 hours a session

   d. Workshops are facilitated from a highly detailed manual by two trained lay leaders. One or both the lay leaders will act as a peer leader with a chronic disease.

3. Any deviation of this program as set forth by Stanford University is a violation of the license and may result in revocation of the Stanford license.

4. This service is an evidence-based program which meets AoA's Highest-level Criteria:
   - Undergone Experimental or Quasi-Experimental Design.
   - Level at which full translation has occurred in a community site.
   - Level at which dissemination products have been developed and are available to the public.

C.   PROVIDER QUALIFICATIONS:

1. This service may be provided by trained Master Trainers and Lay Leaders who are approved by a License provider. The program requires two trained lay leaders to facilitate a six week session workshop. Provider will follow Stanford's qualifications as stated in the Implementation and Fidelity manuals in recruiting Master Trainers and Lay Leaders.

2. Individuals who are trained in the Stanford University evidence-based programs need to be trained separately for each program to be either Master Trainers or Lay Leaders.

3. Provider must maintain program fidelity to the original program design by Stanford University.

D. RECORD KEEPING AND REPORTING REQUIREMENTS:

1. The provider shall maintain all appropriate documentation as set forth by the program (i.e., participant data, sign in sheets (which includes the time started, time ending, date, location, funding source, Title of evidence-based program, and signature of individuals participating), evaluations, workshop information, etc.).

2. The contractor must verify and maintain documentation of provider qualifications for service.

3. The provider must enter data into NCOA force online database system.

4. **Unit of Service Group:** One episode of direct service with a minimum of 10 participants and a maximum of 16 participants on the first session. The same participants would continue through the 6-week course. One episode equals 6 week session. The entire six weeks needs to be completed prior to submitting for payment.

5. CIRTS reporting requirements are below. ↓

CIRTS REPORTING REQUIREMENTS				
PROGRAM	**SERVICE**	**REPORTING OF SERVICES**	**OAA CLIENT REQUIREMENTS**	**MAX UNITS**
OA3D	TCSG (GROUP)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999

PROGRAM FUNDING SOURCE(S): OAAIIID

PROGRAM AUTHORITY:

Program Funding	**Specific Authority**
Rulemaking	**Section 430.08, F.S.**
OAAIIID	**Older Americans Act, Title III, Part D**

A. **DESCRIPTION:** Un Asunto de Equlibrio was adapted from Boston University Roybal Center by Maine's Partnership for Healthy Aging. It uses practical coping strategies to reduce fear of falling and to diminish the risk of falling, including group discussions, mutual problem solving, exercises to improve strength, coordination and balance, and home safety evaluation. This is the Spanish version of A Matter of Balance. Materials and Videos translated to Spanish.

For more information please go to:
http://www.mainehealth.org/pfha

B. **DELIVERY STANDARDS/SPECIAL CONDITIONS:**

1. This program is targeted for older adults 60 or over. Sessions should be held in a facility that is ADA accessible with enough space for participants to move around comfortably. Materials needed for the classes include a TV and VCR or DVD, participant workbooks, and attendance sheet. For more information please visit the websites provided under DESCRIPTION.

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2. Other program requirements include:

    a. Number of weeks: 8 weeks (once a week) or 4 weeks (twice a week)

    b. Workshop participant size:

        i. Minimum 8 participants

        ii. Maximum 14 participants

    c. Session length: 2 hours a session

    d. Two coaches are required to facilitate sessions. Master Trainers are not required to facilitate workshops in pairs, however, it is recommended to ensure fidelity of program.

3. This service is an evidence-based program which meets AoA's Highest-level Criteria:
- Undergone Experimental or Quasi-Experimental Design.
- Level at which full translation has occurred in a community site.
- Level at which dissemination products have been developed and are available to the public.

C.   PROVIDER QUALIFICATIONS:
1. This evidence-base program is facilitated by either a Master Trainer or two coaches. Master Trainers are trained by individuals from MaineHealth's Partnership for Healthy Aging (PFHA). Coaches are trained by Master Trainers.

2. The Master Trainer receives a license agreement and is responsible for providing technical assistance to the coaches.

3. Provider must maintain program fidelity to the original program design by Boston University Roybal Center.

D.   RECORD KEEPING AND REPORTING REQUIREMENTS:

1.   The provider shall maintain all appropriate documentation as set forth by the program (i.e., participant data, sign in sheets (which includes the time started, time ending, date, location, funding source, Title of evidence-based program, and signature of individuals participating), evaluations, workshop information, etc.).

2.   The contractor must verify and maintain documentation of provider qualifications for service.

3.   Unit of Service Group: One episode of direct service with a minimum of 8 participants and maximum of 14 participants on the first session. The same participants would continue through the 8-week course. One episode equals 8 week session. The entire eight weeks needs to be completed prior to submitting for payment.

4.   CIRTS reporting requirements are below. ↓

CIRTS REPORTING REQUIREMENTS				
PROGRAM	**SERVICE**	**REPORTING OF SERVICES**	**OAA CLIENT REQUIREMENTS**	**MAX UNITS**
OA3D	ASEQG (GROUP)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999

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PROGRAM FUNDING SOURCE(S): OAAIIID

PROGRAM AUTHORITY:

Program Funding	Specific Authority
Rulemaking	**Section 430.08, F.S.**
OAAIIID	**Older Americans Act, Title III, Part D**

DESCRIPTION:

Walk with Ease is a program developed by the Arthritis Foundation intended for individuals with arthritis and other ongoing health conditions to increase the level of physical activity. Research supporting this program has shown to reduce disability, pain, fatigue, and stiffness, as well as improve balance, strength, walking pace. The program also helps build confidence to be physically active and manage ongoing health conditions.

For more information please go to:
http://www.arthritis.org/walk-with-ease.php
http://www.csrardc.org/csra/docs/aging/Walking_With_Ease.pdf

DELIVERY STANDARDS/SPECIAL CONDITIONS:

To participate in Walk with Ease, participants must be able to stand for ten minutes without increased pain. Classes meet three times a week for six weeks (a total of 18 sessions). Each session must be at least 45 minutes during the beginning weeks, but may increase to an hour or more as the group improves their fitness level. A certified leader will conduct a class with a group of 12 to 15 participants. Additional leader may be used if needed. The essential components to the program are walking, health education information, stretching and strengthening exercises (during warm-up and cool-down periods), motivational tips and tools (including participant workbook).

Program site must be safe and accessible, following the American with Disability Act standards. Site must have adequate general liability insurance.

This service is an evidence-based program which meets AoA's Highest-level Criteria:
- Undergone Experimental or Quasi-Experimental Design.
- Level at which full translation has occurred in a community site.
- Level at which dissemination products have been developed and are available to the public.

PROVIDER QUALIFICATIONS:

Organizations interested in delivering Walk with ease must sign a Co-Sponsorship Agreement with the Arthritis Foundation and agree to use the participant registration form provided.

Individuals interested in becoming Walk with Ease leaders must have current certification in cardiopulmonary resuscitation (CPR). Certification in first aid is strongly recommended.

There are two options to receive certification for this program (for more information, please see websites in description):

1. In-person, 3-4 hour training: costs $50 per leader candidate and includes required materials.
2. Online, self-directed training: costs $50 per leader candidate and includes required materials.

Leaders will receive full certification after delivering one six week program. Certification is maintained by delivering at least one class every year.

Provider must maintain program fidelity to the original program design by The Arthritis Foundation.

RECORD KEEPING AND REPORTING REQUIREMENTS:

1. Organizations must submit participant consent forms and program information form to the Arthritis Foundation within two weeks of finishing a workshop (six week class).

2. The provider shall maintain all appropriate documentation as set forth by the program (i.e., participant data, sign in sheets (which includes the time started, time ending, date, location, funding source, Title of evidence-based program, and signature of individuals participating), evaluations, workshop information, etc.).

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3. The contractor must verify and maintain documentation of provider qualifications for service.

4. <u>**Unit of Service Individual:**</u> One episode of direct service with a client equals the six week workshop.

5. CIRTS reporting requirements are below. ↓

CIRTS REPORTING REQUIREMENTS				
PROGRAM	**SERVICE**	**REPORTING OF SERVICES**	**OAA CLIENT REQUIREMENTS**	**MAX UNITS**
OA3D	WWEG (GROUP)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999