1. **Service Capacity**

# Evidence Based Education Programs (EBPs)

1. Check off which EBP workshops your organization offers and provide # of trained facilitators: If applicable, list other EBP workshops offered:
2. Provide host locations for all workshops offered.
3. Do you offer one-to-one personalized trainings with a trained coach? If so, specify capacity in which EBP content area?

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

## General Policies and Procedures

* 1. Describe the process for providing the Healthy Living Center of Excellence (HLCE) or the Self-Management Resource Center (SMRC) all required information when offering a workshop. Specifically, what information is provided, at what stage of the workshop is the information provided, and who is designated to communicate with the HLCE/SMRC.
  2. If applicable, describe the process for arranging one-to-one personalized trainings with a trained coach.
  3. Describe your policy for notifying the ASAP when a consumer is absent from one of the sessions and for communicating when there is a possible barrier that affects completion of the workshop (for example, access to transportation).

## Staff Qualifications

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

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

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

## Training and In-Service Education

* 1. Describe how you ensure that fidelity observation is completed for newly trained facilitators.

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

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|  | Diabetes Self-Management Program  **# of trained facilitators-**  **Licensing Entity-** |  | Savvy Caregiver  **# of trained facilitators- Licensing Entity-** |
|  | Enhance Wellness  **# of trained facilitators- Licensing Entity-** |  | Tai Chi for Healthy Aging  **# of trained facilitators- Licensing Entity-** |
|  | Fit for Your Life  **# of trained facilitators- Licensing Entity-** |  | Tomando Control de su Salud (Spanish CDSMP)  **# of trained facilitators- Licensing Entity-** |

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

## Supervision

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

## Proposed Rate Structure for Evidence Based Education Programs (EBPs)

Provider employee who completed this form Name:

Date:

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

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

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

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

# Evidence Based Education Programs (EBPs) Notes