**Evidence Based Education Programs (EBPs)**

1. **Service Capacity**
2. Check off which EBP workshops your organization offers and provide # of trained facilitators:

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

If applicable, list other EBP workshops offered:

1. Provide host locations for all workshops offered.
2. Do you offer one-to-one personalized trainings with a trained coach? If so, specify capacity in which EBP content area?

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

**II.General Policies and Procedures**

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).

**III. 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.

**IV. Training and In-Service Education**

1. Describe how you ensure that fidelity observation is completed for newly trained facilitators.
2. Describe how you ensure that facilitators complete two hours of continuing education annually either by attending a one- day conference or participating in monthly (recorded) webinars provided by the HLCE or SMRC.

**V. Supervision**

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

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

Provider employee who completed this form

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Evidence Based Education Programs (EBPs)**

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

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

**Evidence Based Education Programs (EBPs)**

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

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

**Evidence Based Education Programs (EBPs)**

**Notes**