APPENDIX A

Service Descriptions And Standards

TABLE OF CONTENTS

Section:	Topic	Page
I.	**Section 1: General Information**	**A-8**
A.	Purpose	**A-8**
B.	Program Acronyms	**A-9**
C.	Common Issues for Programs/Services	**A-10**
D.	Table of Services by Program	**A-14**
II.	**Section 2: Services**	**A-22**
A.	Adult Day Care	**A-23**
B.	Adult Day Health Care	**A-26**
C.	Basic Subsidy	**A-29**
D.	Caregiver Training/Support	**A-31**
E.	Case Aide	**A-34**
F.	Case Management	**A-38**
G.	Child Day Care	**A-42**
H.	Chore	**A-44**
I.	Chore (Enhanced)	**A-47**
J.	Companionship	**A-50**
K.	Counseling (Gerontological)	**A-53**
L.	Counseling (Mental Health/Screening)	**A-56**

Table of Contents

Section:	Topic	Page
II.	**Services (continued)**	
M.	Disease Information	**A-59**
N.	Education/Training	**A-61**
O.	Emergency Alert Response	**A-64**
P.	Escort	**A-68**
Q.	Evidence-Based Health Promotion Programs	
1.	Arthritis	
a.	Arthritis Self-Management	**A-70**
b.	Spanish Arthritis Self-Management	**A-73**
2.	Diabetes	
a.	Diabetes Empowerment Education	**A-76**
b.	Diabetes Self-Management	**A-78**
c.	Healthy Changes Program for Living with Diabetes	**A-81**
3.	Falls Prevention	
a.	Asunto de Equilibrio	**A-84**
b.	Matter of Balance	**A-87**
c.	Stepping On	**A-90**
d.	Tai Chi: Moving for Better Balance	**A-93**
4.	Chronic Conditions	
a.	Chronic Disease Self-Management (Living Healthy)	**A-95**
b.	Tomando Control de su Salud	**A-98**
5.	Nutrition and Wellness	
a.	Eat Better Move More	**A-101**
b.	EnhanceWellness	**A-103**
c.	Healthy Eating Every Day	**A-105**
d.	Healthy Eating for Successful Living in Older Adults	**A-108**

Table of Contents

Section:	Topic	Page
II.	**Services (continued)**	
Q.	Evidence-Based Health Promotion Programs (continued)	
6.	Medication Management Improvement System	**A-110**
7.	Mental Health	
a.	Healthy Ideas	**A-112**
b.	Program to Encourage Active Rewarding Lives for Seniors (PEARLS)	**A-114**
8.	Physical Activity/Exercise	
a.	Active Choices	**A-118**
b.	Active Living Every Day	**A-120**
c.	Arthritis Foundation Exercise Program	**A-123**
d.	EnhanceFitness	**A-126**
e.	Fit and Strong!	**A-128**
f.	Healthy Moves for Aging Well	**A-131**
g.	Stay Active and Independent for Life (SAIL)	**A-134**
R.	Financial Risk Reduction (Assessment)	**A-136**
S.	Financial Risk Reduction (Maintenance)	**A-137**
T.	Health Articles	**A-138**
U.	Health Fair – Information	**A-140**
V.	Health Promotion	**A-142**
W.	Health Risk Assessment	**A-145**
X.	Health Risk Screening	**A-147**

Table of Contents

Section:	Topic	Page
II.	**Services (continued)**	
Y.	Health Support	**A-149**
Z.	Home Health Aide	**A-151**
AA.	Home Injury Control	**A-154**
BB.	Homemaker	**A-156**
CC.	Housing Improvement	**A-159**
DD.	Information	**A-162**
EE.	Intake	**A-164**
FF.	Interpreter/Translating	**A-166**
GG.	Legal Assistance	**A-167**
HH.	Material Aid	**A-172**
II.	Medication Management	**A-174**
JJ.	Model Day Care	**A-177**
KK.	Nutrition Services	**A-181**
	1. Congregate Meals Program Requirements	**A-184**
	2. Congregate Meals Screening	**A-188**
	3. Home Delivered Meals Program Requirements	**A-189**
	4. Nutrition Counseling	**A-196**
	5. Nutrition Education	**A-198**

Table of Contents

Section:	Topic	Page
II.	**Services (continued)**	
LL.	Occupational Therapy	**A-201**
MM.	Other Services	**A-203**
NN.	Outreach	**A-205**
OO.	Personal Care	**A-208**
PP.	Pest Control (Enhanced Initiation)	**A-211**
QQ.	Pest Control (Initiation)	**A-212**
RR.	Pest Control (Maintenance)	**A-213**
SS.	Pest Control (Rodent Control)	**A-214**
TT.	Physical Fitness	**A-215**
UU.	Physical Therapy	**A-216**
VV.	Recreation	**A-218**
WW.	Referral/Assistance	**A-220**
XX.	Respite Care (Facility-Based)	**A-222**
YY.	Respite Care (In-Home)	**A-225**
ZZ.	Screening/Assessment	**A-228**
AAA.	Shopping Assistance	**A-230**
BBB.	Sitter	**A-232**
CCC.	Skilled Nursing Services	**A-233**

Table of Contents

Section:	Topic	Page
II.	**Services (continued)**	
	DDD. Specialized Medical Equipment, Services & Supplies	**A-235**
	EEE. Speech Therapy	**A-237**
	FFF. Telephone Reassurance	**A-239**
	GGG. Transportation	**A-241**

THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK

PURPOSE:

Appendix A, Service Descriptions and Standards, of the Department of Elder Affairs (DOEA) Programs and Services Handbook, provides the following components:

A. A description of each program under the auspices of DOEA.

B. Delivery standards and special conditions.

C. Provider qualifications.

D. Record keeping and reporting requirements.

Listed next are the program names and abbreviations referred to in this chapter. For a detailed description of each program, please refer to the specific chapters in this Handbook.

THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK

PROGRAM ACRONYMS:

Name	Acronyms
Alzheimer's Disease Initiative	ADI
AmeriCorps	AC
Community Care for the Elderly	CCE
Home Care for the Elderly	HCE
Local Services Program	LSP
Respite for Elders Living in Everyday Families	RELIEF
Senior Companion	SCP
Title I of the Older Americans Act	OAAI
Title III of the Older Americans Act	OAAIII
Title III of the Older Americans Act, Part B	OAAIIIB
Title III of the Older Americans Act, Part C	OAAIIIC
Title III of the Older Americans Act, Part C, Subpart 1, Subpart 2, Subpart 3	OAAIIICI, OAAIIIC2, OAAIIIC3
Title III of the Older Americans Act, Part D	OAAIIID
Title III of the Older Americans Act, Part E	OAAIIIE
Title VII of the Older Americans Act	OAAVII

COMMON ISSUES FOR PROGRAMS/SERVICES:

The following are characteristics common to all services and to the manner in which they should be provided:

A. All client information is confidential and shall only be disclosed with the written consent of the client or his/her guardian. Procedures shall be established to protect confidentiality of records and to obtain the individual's informed consent prior to release of confidential information.

B. Each service performed shall be recorded as specified in the Client Information and Registration Tracking System (CIRTS) guidelines. Supporting documentation of services provided must be adequate to permit fiscal and programmatic evaluation, and ensure internal management.

C. The cost for every service includes CIRTS data entry, invoicing, and other necessary administrative activities related to providing that service.

D. Unless otherwise noted, units of service for group events shall be counted as the amount of time delivering the service, regardless of the number of attendees.

E. Travel time to and from the client's home is not counted in units of service unless travel time is specifically included as part of the service. Travel time may be included for services provided by volunteers who receive a stipend or living allowance.

F. One hour of direct service with or on behalf of a client is accumulated on a daily basis. The cumulative amount of time per service is totaled for the day and minutes are rounded up to the nearest quarter of a unit as follows:

Minutes	Units	Hours
1-15	¼	¼
16-30	½	½
31-45	¾	¾
46-60	1	1

G. Persons and/or agencies providing services shall meet the following criteria, as appropriate:

1. Have appropriate training for the program and service being delivered;

2. Comply with licensure requirements;

3. Comply with registration requirements;

4. Comply with background screening requirements (Pursuant to Chapter 430.0402 (1) (a);

5. Comply with continuing education requirements;

6. Obtain all required state or local permits;

7. Comply with building codes and standards; and

8. Obtain required insurance.

H. All persons in direct contact with clients are required to:

1. Handle the client's money only if permitted by the service provided;

2. Not disclose confidential information; and

3. Not accept monetary or tangible gifts from clients or their family members.

I. Providers shall incorporate volunteers and other community resources prior to accessing DOEA-funded services. The providers are responsible for ensuring coordination of services among agencies to avoid duplication of efforts.

J. Before providing services on a regular basis, paid staff and volunteers who have direct contact with clients shall receive basic orientation covering, but not limited to, the following topics:

1. Overview of the aging process;

2. Overview of the aging network;

3. Communication techniques with elders;

4. Abuse, neglect, exploitation and unusual incident reporting;

5. Local agency procedures and protocols;

6. Client confidentiality; and

7. Client grievance procedures.

K. Procedures shall be established to recruit, train and schedule paid and volunteer staff. Procedures will include an annual evaluation of paid staff and documentation maintained in agency or personnel files.

L. Providers shall update and provide in-service training, as needed. Documented pre-service training may be substituted for all or part of required annual training for specified staff.

M. Unless stated otherwise in law, rule or in this Handbook, the number of hours, training methods, and training materials are determined by the provider.

N. All services should be provided in a manner accessible to those in need.

O. Services should be tailored to elder clients and their specific needs, including hearing, vision, mobility, memory, language, cultural and other considerations.

P. Accurate, legible and complete client files shall be maintained for all clients receiving case management services. When case management is not offered, the provider shall determine service needs, document service activities and client participation, and report service activity.

Q. Procedures shall be established to respond to service complaints and objectively evaluate the quality of service and the level of client satisfaction. Service providers shall have procedures for handling recipient complaints concerning such adverse actions as service termination, suspension or reduction in accordance with Appendix D—Minimum Guidelines for Recipient Grievance Procedures.

R. Procedures shall be established to report to supervisory staff and the Area Agency on Aging (AAA), as appropriate, unusual incidents related to clients and service delivery. Unusual incident reports shall be kept on file at provider agencies.

S. Direct payment is a cash reimbursement made directly to the client or caregiver for services or supplies purchased and preauthorized by the case manager or program coordinator. Services authorized and purchased from friends, family or neighbors, and arranged by clients or caregivers may not be subject to the service standards contained in this Handbook. Original receipts shall be presented to the case manager or program coordinator within 30 days of purchase. Clients or caregivers shall be reimbursed within 60 days of the submission of the original receipts.

T. Procurement procedures shall be developed for all services purchased in accordance with state and federal regulations to encourage competition and promote a diversity of contractors for services for the elder consumers.

THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK

TABLE OF SERVICES BY PROGRAM:

The following pages include a table of services provided under each program. The legal authority for each program is cited specifically in "Section 2: Services" of this Appendix. The date of issuance for all pages is listed at the bottom of this page.

TABLE OF SERVICES BY PROGRAM

Key ✚ ⊠ **A Service in the Program** ◆ ⊠ **Requires Licensure** ▲⊠ **Requires AHCA REGISTRATION**

▽ ⊠ **Volunteers providing services in the AmeriCorps, Relief, and Senior Companion Programs must meet those program specifications**

(R): OAA Registered Service **Services listed under HCE can be purchased with special subsidy funds.**

Pursuant to Chapter 435, level 2 background screening is required for direct service providers.

Services	**AC**	**ADI**	**CCE**	**HCE**	**LSP**	**OAA IIIB**	**OAA IIIC**	**OAA IIID**	**OAA IIIE**	**OAA IIIES**	**OAA IIIEG**	**OAA VII**	**Relief**	**SCP**
Adult Day Care **(R)**			✚◆	✚◆	✚◆	✚◆			✚◆					
Adult Day Health Care **(R)**			✚◆	✚◆	✚◆	✚◆			✚◆					
Basic Subsidy				✚										
Caregiver Training/Support		✚	✚	✚	✚	✚			✚		✚	✚		
Case Aide		✚	✚	✚	✚	✚								
Case Management		✚	✚	✚	✚	✚								
Child Day Care											✚◆			
Chore **(R)**	✚		✚	✚	✚	✚				✚				
Chore (Enhanced) **(R)**	✚		✚	✚	✚	✚				✚				
Companionship			✚▲		✚▲	✚▲								✚▽
Congregate Meals **(R)**					✚		✚ **C1**							
Congregate Meals (Screening)					✚		✚ **C1**							
Counseling (Gerontological)		✚	✚	✚	✚	✚		✚	✚		✚			
Counseling (Mental Health/Screening)		✚◆	✚◆	✚◆	✚◆	✚◆		✚◆	✚◆		✚◆			
Education/Training		✚			✚	✚			✚		✚	✚		

C1 = Congregate meals

TABLE OF SERVICES BY PROGRAM

Key ✚ ⊠ **A Service in the Program** ◆ ⊠ **Requires Licensure** ▲⊠ **Requires AHCA REGISTRATION**

▽ ⊠ **Volunteers providing services in the AmeriCorps, Relief, and Senior Companion Programs must meet those program specifications**

(R): OAA Registered Service **Services listed under HCE can be purchased with special subsidy funds.**

Pursuant to Chapter 435, level 2 background screening is required for direct service providers.

Services	AC	ADI	CCE	HCE	LSP	OAA IIIB	OAA IIIC	OAA IIID	OAA IIIE	OAA IIIES	OAA IIIEG	OAA VII	Relief	SCP
Emergency Alert Response			✚		✚	✚								
Escort **(R)**			✚		✚	✚								✚▽
Financial Risk Reduction (Assessment)			✚						✚					
Financial Risk Reduction (Maintenance)			✚						✚					
Health Promotion					✚			✚						
Health Risk Assessment					✚			✚						
Health Risk Screening					✚			✚						
Health Support			✚		✚	✚								
Home and Community Disaster Preparedness	✚													
Home Delivered Meals **(R)**			✚	✚	✚		✚ **C2**							
Home Health Aide Service **(R)**			✚◆	✚◆	✚◆	✚◆								
Homemaker **(R)**			✚▲	✚▲	✚▲	✚▲								
Housing Improvement	✚		✚	✚	✚	✚				✚				
Information					✚	✚			✚					

C2 = Home delivered meals

TABLE OF SERVICES BY PROGRAM

Key ✚ ⊠ **A Service in the Program** ◆ ⊠ **Requires Licensure** ▲⊠ **Requires AHCA REGISTRATION**

▽ ⊠ **Volunteers providing services in the AmeriCorps, Relief, and Senior Companion Programs must meet those program specifications**

(R): OAA Registered Service **Services listed under HCE can be purchased with special subsidy funds.**

Pursuant to Chapter 435, level 2 background screening is required for direct service providers.

Services	AC	ADI	CCE	HCE	LSP	OAA IIIB	OAA IIIC	OAA IIID	OAA IIIE	OAA IIIES	OAA IIIEG	OAA VII	Relief	SCP
Intake		✚	✚	✚	✚	✚			✚					
Interpreter/Translating					✚	✚								
Legal Assistance			✚◆		✚◆	✚◆				✚◆	✚◆			
Material Aid			✚	✚	✚	✚				✚				
Medication Management			✚		✚			✚						
Model Day Care		✚◆												
Nutrition Counseling **(R)**			✚◆		✚◆		✚◆	✚◆						
Nutrition Education					✚		✚							
Occupational Therapy			✚◆	✚◆	✚◆	✚◆								
Other			✚	✚	✚									
Outreach	✚				✚	✚	✚		✚		✚			
Personal Care **(R)**			✚	✚	✚	✚								
Pest Control (Enhanced Initiation)			✚◆											
Pest Control (Initiation)			✚◆											
Pest Control (Maintenance)			✚◆											
Pest Control (Rodent)			✚◆											

TABLE OF SERVICES BY PROGRAM

Key ✚ ⊠ **A Service in the Program** ◆ ⊠ **Requires Licensure** ▲⊠ **Requires AHCA REGISTRATION**

▽ ⊠ **Volunteers providing services in the AmeriCorps, Relief, and Senior Companion Programs must meet those program specifications**

(R): OAA Registered Service **Services listed under HCE can be purchased with special subsidy funds.**

Pursuant to Chapter 435, level 2 background screening is required for direct service providers.

Services	AC	ADI	CCE	HCE	LSP	OAA IIIB	OAA IIIC	OAA IIID	OAA IIIE	OAA IIIES	OAA IIIEG	OAA VII	Relief	SCP
Physical Therapy			✚◆	✚◆	✚◆	✚◆								
Recreation					✚	✚								
Referral/Assistance					✚	✚			✚		✚			
Respite (Facility Based) **(R)**		✚▲	✚▲	✚▲	✚▲◆	✚▲			✚▲					✚▽
Respite (In-Home) **(R)**	✚▽	✚▲	✚▲	✚▲	✚▲	✚▲			✚▲				✚▽	✚▽
Screening/Assessment **(R)**					✚	✚	✚ C2		✚		✚			
Shopping Assistance			✚	✚	✚	✚								
Sitter											✚			
Skilled Nursing Services			✚◆	✚◆	✚◆	✚◆								
Specialized Medical Equipment, Services and Supplies		✚	✚	✚	✚	✚				✚				
Speech Therapy			✚◆	✚◆	✚◆	✚◆								
Telephone Reassurance					✚	✚								
Transportation			✚	✚	✚	✚			✚		✚			

C2 = Home delivered meals

TABLE OF SERVICES BY PROGRAM

Key ✚ ⊠ **A Service in the Program** ◆ ⊠ **Requires Licensure** ▲⊠ **Requires AHCA REGISTRATION**

▽ ⊠ **Volunteers providing services in the AmeriCorps, Relief, and Senior Companion Programs must meet those program specifications**

(R): OAA Registered Service **Services listed under HCE can be purchased with special subsidy funds.**

Pursuant to Chapter 435, level 2 background screening is required for direct service providers.

Services	AC	ADI	CCE	HCE	LSP	OAA IIIB	OAA IIIC	OAA IIID	OAA IIIE	OAA IIIES	OAA IIIEG	OAA VII	Relief	SCP
Active Choices								✚						
Active Living Every Day								✚ ◆						
Arthritis Foundation Exercise								✚ ◆						
Arthritis Self-Management								✚ ◆						
Asunto de Equilibrio								✚ ◆						
Chronic Disease Self-Management								✚ ◆						
Diabetes Empowerment Education								✚						
Diabetes Self-Management								✚ ◆						
Disease Information								✚						
Eat Better Move More								✚						
EnhanceFitness (EF)								✚ ◆						
Enhance Wellness								✚ ◆						
Fit & Strong!								✚ ◆						
Health Articles								✚						

OAA IIID Services Only

TABLE OF SERVICES BY PROGRAM

Key ✚ ⊠ **A Service in the Program** ◆ ⊠ **Requires Licensure** ▲⊠ **Requires AHCA REGISTRATION**

▽ ⊠ **Volunteers providing services in the AmeriCorps, Relief, and Senior Companion Programs must meet those program specifications**

(R): OAA Registered Service **Services listed under HCE can be purchased with special subsidy funds.**

Pursuant to Chapter 435, level 2 background screening is required for direct service providers.

Services	AC	ADI	CCE	HCE	LSP	OAA IIIB	OAA IIIC	OAA IIID	OAA IIIE	OAA IIIES	OAA IIIEG	OAA VII	Relief	SCP
Health Fair-Information								✚						
Healthy Changes Program for Living with Diabetes								✚						
Healthy Eating Every Day								✚◆						
Healthy Eating for Successful Living in Older Adults								✚						
Healthy Ideas								✚						
Healthy Moves for Aging Well								✚						
Home Injury Control								✚						
Matter of Balance (MOB)								✚ ◆						
Medication Management Improvement System								✚ ◆						
Physical Fitness								✚						
Program to Encourage Active, Rewarding Lives for Seniors (PEARLS)								✚						
Spanish Arthritis Self-Management								✚ ◆						

OAA IIID Services Only

TABLE OF SERVICES BY PROGRAM

Key ✚ ⊠ **A Service in the Program** ◆ ⊠ **Requires Licensure** ▲⊠ **Requires AHCA REGISTRATION**

▽ ⊠ **Volunteers providing services in the AmeriCorps, Relief, and Senior Companion Programs must meet those program specifications**

(R): OAA Registered Service **Services listed under HCE can be purchased with special subsidy funds.**

Pursuant to Chapter 435, level 2 background screening is required for direct service providers.

Services	AC	ADI	CCE	HCE	LSP	OAA IIIB	OAA IIIC	OAA IIID	OAA IIIE	OAA IIIES	OAA IIIEG	OAA VII	Relief	SCP
Stay Active and Independent for Life (SAIL)								✚						
Stepping On								✚ ◆						
Tai Chi: Moving for Better Balance								✚ ◆						
Tomando Control de su Salud								✚◆						

OAA IIID Services Only

THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK

SERVICES:

On the following pages are detailed descriptions of the services provided through the Department of Elder Affairs program components.

THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK

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

PROGRAM AUTHORITY:

Program Funding	Specific Authority
Rulemaking	Section 430.08, F.S.
CCE	Sections 430.201-207, F.S.
HCE	Sections 430.601-608, F.S.
LSP	Specific Appropriations
OAAIIIB	Older Americans Act, Title III, Part B, Section 321 (a)(5) 42 U.S.C. 3030d
OAAIIIE	Older Americans Act, Title III, Part E, Section 373 (b)(4)

A. DESCRIPTION: Adult day care is a program of therapeutic social and health activities and services provided to elders who have functional impairments. Services are provided in a protective, community-based environment.

B. DELIVERY STANDARDS/SPECIAL CONDITIONS:

1. There shall be one (1) staff member for every six (6) clients. Volunteers can be included in the 1 to 6 staff/client ratio, if they perform the same functions as paid staff and comply with training and background check requirements.

2. At least two staff members, one of which has CPR training, shall be on the premises at all times during the center's hours of operation.

3. Transportation shall be a function of the program. If the center does not provide transportation directly, arrangements for day care participants needing transportation shall be established.

4. Adult day care workers who have direct contact with clients shall have a level 1 criminal history background check performed by the Florida Department of Law Enforcement (FDLE). Adult day care center owners/operators shall undergo a level 2 criminal history background check.

C. PROVIDER QUALIFICATIONS:

1. Adult day care centers shall be licensed by the Agency for Health Care Administration in accordance with Chapter 429, Part III, Florida Statutes, and Chapter 58A-6, Florida Administrative Code.

2. Adult day care centers shall be designated in the area plan as congregate dining sites, if meals are counted as congregate meals.

D. RECORD KEEPING AND REPORTING REQUIREMENTS:

1. **Unit of Service:** One hour of actual client attendance at the day care center is one unit of adult day care service. Actual client attendance is defined as the time between the time of arrival at the day care center and the time of departure from the day care center.

2. Hours of daily attendance shall exclude time in transit to and from the center. The cost of travel time shall be reported separately. It is not to be included in the unit rate.

3. Meals cannot be counted as congregate meal units, if included in the cost of the service.

4. Adult day care centers should participate in the Child and Adult Care Food Program and receive cash supplements for meals and snacks that meet USDA guidelines. Adult day care centers may not, however, receive benefits or reimbursements through the Child and Adult Care Food Program for meals served with Older Americans Act Title, IIIC funds.

5. Each meal shall meet the following criteria:

a. Comply with the current Dietary Guidelines for Americans published by the secretaries of the Department of Health and Human Services and the Department of Agriculture;

b. Provide 1/3 of the dietary reference intake/adequate intake for age 70+ female as established by the Food and Nutrition Board of National Academy of Sciences;

c. Follow the menu development procedures as described in the service description for congregate meals; and

d. Centers participating in the Child and Adult Food Care Program must follow the Child and Adult Food Care Program menu requirements.

e. A daily attendance log with time in and time out shall be maintained.

6. CIRTS reporting requirements are below. ↓

CIRTS REPORTING REQUIREMENTS				
PROGRAM	**SERVICE**	**REPORTING OF SERVICES**	**OAA CLIENT REQUIREMENTS**	**MAX UNITS**
CCE	ADC	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	310
HCE	ADC	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	310
HCE	ADCV	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	310
LSP	ADC	MONTHLY AGGREGATE REPORTING	ZERO UNIT ENTRY REQUIRED ANNUALLY	
OA3B	ADC	MONTHLY AGGREGATE REPORTING	ZERO UNIT ENTRY REQUIRED ANNUALLY	9999
OA3E	ADC	MONTHLY AGGREGATE REPORTING BY CLIENT	MONTHLY AGGREGATE REPORTING BY CLIENT	9999

For HCE, the client file shall document why the caregiver is unable to perform the service.

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

PROGRAM AUTHORITY:

Program Funding	Specific Authority
Rulemaking	Section 430.08, F.S.
CCE	Sections 430.201-207, F.S.
HCE	Sections 430.601-608, F.S.
LSP	Specific Appropriations
OAAIIIB	Older Americans Act, Title III, Part B, Section 321 (a)(5) 42 U.S.C. 3030d
OAAIIIE	Older Americans Act, Title III, Part E, Section 373 (b)(4)

A. DESCRIPTION: Adult day health care is a program of therapeutic activities, encompassing both health and social services, to ensure the optimal functioning of the client. Services are provided in an outpatient setting four (4) or more hours per day, one or more days per week.

B. DELIVERY STANDARDS/SPECIAL CONDITIONS:

1. All adult day care standards apply. Physical, occupational and speech therapies indicated in the client's plan of care must be furnished as component parts of this service. Adult day health care centers shall comply with Chapter 58A-6.010(6), Florida Administrative Code.

2. Nursing services are required for adult day health care and include, but are not limited to, screening procedures for chronic disease (e.g., hypertension, or diabetes; observation, assessment, and monitoring of participant's health needs and daily functioning levels; administration or supervision of medications or treatments; counseling of participant, family or caregiver in matters relating to health and prevention of illness; and referral to other community resources with follow-up of suspected physical, mental or social problems requiring definitive resolution).

C. PROVIDER QUALIFICATIONS: Adult day care centers shall be licensed by the Agency for Health Care Administration in accordance with Chapter 429, Part III, Florida Statutes, and Chapter 58A-6, Florida Administrative Code.

D. RECORD KEEPING AND REPORTING REQUIREMENTS:

1. Unit of Service: One hour of actual client attendance at the day care center is one unit of adult day health care service. Actual client attendance is defined as the time between the time of arrival and the time of departure from the day care center.

2. Hours of daily attendance shall exclude transportation time to and from the center. The cost of transportation shall be included in the unit rate. The cost of physical, occupational and speech therapies may be included in the unit rate; however, other funding sources such as Medicare, Medicaid and private insurance must be exhausted first.

3. Meals cannot be counted as congregate meal units, if meals are included in the cost of the service.

4. Adult day health care centers should participate in the Child and Adult Care Food Program and receive cash supplements for meals and snacks that meet USDA guidelines. Adult day health care centers may not, however, receive benefits or reimbursements through the Child and Adult Care Food Program for meals served with Older Americans Act, Title IIIC funds.

5. Each meal shall meet the following criteria:

a. Comply with the current Dietary Guidelines for Americans published by the secretaries of the Department of Health and Human Services and the Department of Agriculture;

b. Provide 1/3 of the dietary reference intake/adequate intake for age 70+ female as established by the Food and Nutrition Board of National Academy of Sciences;

c. Follow the menu development procedures as described in the service description for congregate meals; and

d. Centers participating in the Child and Adult Food Care Program must follow the Child and Adult Food Care Program menu requirements.

e. A daily attendance log with time in and time out shall be maintained.

f. CIRTS reporting requirements are below. ↓

CIRTS REPORTING REQUIREMENTS				
PROGRAM	**SERVICE**	**REPORTING OF SERVICES**	**OAA CLIENT REQUIREMENTS**	**MAX UNITS**
CCE	ADHC	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	
HCE	ADHC	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	
HCE	ADHV	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	
LSP	ADHC	MONTHLY AGGREGATE REPORTING	ZERO UNIT ENTRY REQUIRED ANNUALLY	
OA3B	ADHC	MONTHLY AGGREGATE REPORTING	ZERO UNIT ENTRY REQUIRED ANNUALLY	
OA3E	ADHC	MONTHLY AGGREGATE REPORTING BY CLIENT	MONTHLY AGGREGATE REPORTING BY CLIENT	

For HCE, the client file shall document why the caregiver is unable to perform the service.

PROGRAM FUNDING SOURCE(S): HCE

PROGRAM AUTHORITY:

Program Funding	Specific Authority
Rulemaking	**Section 430.08, F.S.**
HCE	**Sections 430.601-608, F.S.**

A. DESCRIPTION: Basic subsidy is a fixed cash payment made to approved caregivers each month to offset some of their expenses for providing support and maintenance of the elder care recipient. This may include medical costs not covered by Medicaid, Medicare or other insurance.

B. DELIVERY STANDARDS/SPECIAL CONDITIONS:

1. Clients must be at risk of nursing home placement, living with an approved caregiver, and meet financial eligibility.

2. Payments are made in accordance with a schedule developed by the Department and is based on the client's chargeable income and assets. If both husband and wife are clients, their income and assets are added together and compared to the standard for couples. The basic subsidy is not considered income by the Internal Revenue Service (IRS).

3. The basic subsidy is paid to the caregiver when the client is in the home for any part of the month. If the client is hospitalized or in any other temporary institution for 30 days or less, the basic subsidy check will be sent to the caregiver, as if the client were in the home.

C. PROVIDER QUALIFICATIONS: The caregiver must:

1. Be an adult at least 18 years of age, capable of providing a family-type living environment and willing to accept responsibility for the social, physical and emotional needs of the care recipient;

2. Be accepted or designated by the recipient as a caregiver;

3. Be physically present at all times to provide supervision and assist in arrangement of services for the care recipient or have alternative arrangements for care to be assumed by another adult;

4. Maintain the residential dwelling free of conditions that pose an immediate threat to the life, safety, health or well-being of the care recipient; and

5. Demonstrate evidence of an established positive personal relationship with the care recipient.

D. RECORD KEEPING AND REPORTING REQUIREMENTS:

1. **Unit of Service:** One unit equals one month.

2. The case manager or case aide must confirm that the caregiver provided care to the client during the month. The caregiver may sign a form attesting to eligibility each month and submit it to the case manager, or confirmation may be made by a telephone contact with the caregiver. The confirmation shall be documented in the case narrative of the client's file.

3. CIRTS reporting requirements are below. ↓

CIRTS REPORTING REQUIREMENTS				
PROGRAM	**SERVICE**	**REPORTING OF SERVICES**	**OAA CLIENT REQUIREMENTS**	**MAX UNITS**
HCE	BASI	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	1

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

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
OAAIIIB	Older Americans Act, Title III, Part B, Section 321 (a)(5) 42 U.S.C. 3030d
OAAIIIE	Older Americans Act, Title III, Part E, Section 373 (b)(4)
OAAVII	Older Americans Act, Title VII

A. DESCRIPTION: Caregiver training and support is defined as the training of caregivers, individually or in group settings to: reduce stress, increase coping skills, provide strategies for effective management of caregiving tasks, and enable them to provide high quality care to recipients within the home. Caregiver training and support may be provided through forums, which include community workshops, seminars, support groups and other organized local, regional or statewide events.

B. DELIVERY STANDARDS/SPECIAL CONDITIONS: To receive caregiver training and support services, the caregiver shall be 18 years of age or older.

C. PROVIDER QUALIFICATIONS: Providers of caregiver training and support events shall be qualified by training or experience in the area on which training is being conducted.

D. RECORD KEEPING AND REPORTING REQUIREMENTS:

1. Unit of Service - Individual: A unit of service is one hour with a client.

2. Unit of Service - Group: A unit is one hour with clients, regardless of the number who participate.

3. A direct payment reimbursement can be provided to facilitate caregiver attendance at caregiver forums with prior authorization from the program coordinator or designee. Respite services and reimbursement of travel expenses, registration and fees, etc., may be provided to enable the caregiver to attend caregiver training and support events. Travel expenses, registration and fees must be included in the unit rate. The cost of respite services is not to be included in the unit rate. It shall be reported separately.

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

THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK

CIRTS REPORTING REQUIREMENTS				
PROGRAM	**SERVICE**	**REPORTING OF SERVICES**	**OAA CLIENT REQUIREMENTS**	**MAX UNITS**
ADI	CTSG (GROUP)	MONTHLY AGGREGATE REPORTING	N/A	100
ADI	CTSI (INDIV)	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
CCE	CTSG (GROUP)	MONTHLY AGGREGATE REPORTING	N/A	100
CCE	CTSI (INDIV)	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
HCE	CTSG (GROUP)	MONTHLY AGGREGATE REPORTING	N/A	100
HCE	CTSI (INDIV)	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
HCE	CTSV	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
LSP	CTSG (GROUP)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
LSP	CTSI (INDIV)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
OA3B	CTSG (GROUP)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
OA3B	CTSI (INDIV)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
OA3E	CTSG (GROUP)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
OA3E	CTSI (INDIV)	MONTHLY AGGREGATE REPORTING BY CLIENT	MONTHLY AGGREGATE REPORTING BY CLIENT	9999
OA3E	DPCTSI (DIRECT PAY)	MONTHLY AGGREGATE REPORTING BY CLIENT	MONTHLY AGGREGATE REPORTING BY CLIENT	9999
OA3EG	CTSG (GROUP)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
OA3EG	CTSI (INDIV)	MONTHLY AGGREGATE REPORTING BY CLIENT	MONTHLY AGGREGATE REPORTING BY CLIENT	9999
OA3EG	DPCTSI (DIRECT PAY)	MONTHLY AGGREGATE REPORTING BY CLIENT	MONTHLY AGGREGATE REPORTING BY CLIENT	9999
OAA7	CTSG (GROUP)	MONTHLY AGGREGATE REPORTING	NO REQURIEMENT	9999
OAA7	CTSI (INDIV)	MONTHLY AGGREGATE REPORTING	NO REQURIEMENT	9999

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

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**
OAAIIIB	**Older Americans Act, Title III, Part B, Section 321 (a)(5)(A) 42 U.S.C. 3030d**

A. DESCRIPTION: Case aide services are adjunctive and supplemental to case management services and are provided by paraprofessionals under the direction of case managers or designated supervisory staff. These services include the following:

1. Assist with implementing care plans;

2. Assist with accessing medical and other appointments;

3. Perform follow-up contacts. This may include the monthly contact with the HCE caregiver;

4. Oversee quality of provider services;

5. Delivery of supplies and equipment;

6. Assist with paying bills;

7. Assist the client or caregiver in compiling information and completing applications for other services and public assistance;

8. Facilitate linkages of providers with recipients via telephone contacts and visits;

9. Determine client satisfaction with services provided;

10. Arrange, schedule and maintain scheduled services;

11. Document activities in the case record;

12. Reconcile and voucher activities;

13. Assist with HCE monthly contact to confirm caregiver eligibility; and

14. Record telephone and travel time associated with billable case aide activities.

B. **NON-BILLABLE ACTIVITIES:** The following activities cannot be billed as case management, because the time associated with these activities is already included in the unit rate:

1. Community organizing not specific to a client including informing clients of events and meetings;

2. Staffing or group discussion not associated with single client;

3. Recruiting/training staff and volunteers;

4. Attending training;

5. Conducting workshops;

6. Entering data into CIRTS;

7. General program administration functions which include routine supervision of case managers or other program direct service staff or volunteers;

8. Reviews or home visits conducted as a result of AAA , DOEA, or OAA monitoring activities;

9. Home visits and telephone calls made but not received by client/caregiver; and

10. "Advocacy" or legal-related tasks such as working with officials of DCF Adult Protective Services, lawyers, and other court officials, and various investigators not specific to an individual client.

C. DELIVERY STANDARDS/SPECIAL CONDITIONS: Training and certification on the DOEA assessment instrument and care plan forms are required for case aides. A case aide must score at least 80% on the post training test.

D. PROVIDER QUALIFICATIONS: Case aide services shall be provided by the designated lead agency, or as otherwise approved by the AAA. Minimum requirements for case aides include a high school diploma or GED. Job-related experience may be substituted for a high school diploma or GED upon approval of the AAA.

E. RECORD KEEPING AND REPORTING REQUIREMENTS:

1. **Unit of Service:** One hour of direct service with or on behalf of a client accumulated on a daily basis. This may include travel time and time spent with caregivers, when it is related to the client's situation.

2. The case aide shall document and sign-off on activities performed on behalf of the client in the client's case record.

3. Activities shall be billed as case aide, not case management.

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

CIRTS REPORTING REQUIREMENTS				
PROGRAM	**SERVICE**	**REPORTING OF SERVICES**	**OAA CLIENT REQUIREMENTS**	**MAX UNITS**
ADI	CA	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
CCE	CA	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
HCE	CAV	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
LSP	CA	MONTHLY AGGREGATE REPORTING BY CLIENT	MONTHLY AGGREGATE REPORTING BY CLIENT	9999
OA3B	CA	MONTHLY AGGREGATE REPORTING BY CLIENT	MONTHLY AGGREGATE REPORTING BY CLIENT	9999

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

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**
OAAIIIB	**Older Americans Act, Title III, Part B, Section 321 (a)(5)(A) 42 U.S.C. 3030d**

A. DESCRIPTION:

1. Case management is a client-centered service that assists clients in identifying physical and emotional needs and problems through an interview and assessment process; discussing and developing a plan for services which addresses these needs; arranging and coordinating agreed upon services; and monitoring the quality and effectiveness of the services. Case management is a service for actively enrolled clients that provides continuing support and addresses the changing needs of clients.

2. Case management shall be delivered in accordance with the following understanding:

a. The case manager's role is that of "gatekeeper" in the community care system. Therefore, the case manager must be knowledgeable about the array of community-based services and resources available to address the needs of clients and their caregivers.

b. Assessments and care plan reviews shall be conducted to identify, evaluate and address the client's continuing and changing needs.

c. Case management is client-centered. Every effort shall be made to link clients with appropriate formal and/or informal support system regardless of the agency or organization offering the services. Service arrangements shall not be limited to those services offered by the agency for which the case manager works.

d. Case managers shall ensure full coordination of services provided by various agencies and clients, and ensure appropriate use of funding sources.

e. Case managers provide linkage between health care and social service delivery systems. This requires involvement with physicians, hospitals, health maintenance organizations (HMOs), nursing homes and health services.

f. Case managers shall actively pursue the development of informal resources to help meet the client's needs.

g. Case managers shall provide assistance to the families of clients to resolve concrete and emotional problems and to relieve temporary stresses encountered as a result of their caregiving efforts. With the client's consent, family involvement in decisions related to a client's plan of care shall be pursued.

h. Case managers shall arrange training for family members, relatives and friends in methods of caregiving.

i. Case managers shall monitor services to ensure they are having a positive impact on the problems that necessitated the service.

B. NON-BILLABLE ACTIVITIES: The following activities cannot be billed as case management, because the time associated with these activities is already included in the unit rate.

1. Community organizing not specific to a client, including informing clients of events and meetings;

2. Staffing or group discussion not associated with single client;

3. Recruiting/training staff and volunteers;

4. Attending training;

5. Conducting workshops;

6. Billing, filing, vouchering, entering data into CIRTS and reconciling case narratives and time sheets to billing hours;

7. General program administration functions which include routine supervision of case managers or other program direct service staff or volunteers;

8. Reviews or home visits conducted as a result of AAA , DOEA, or OAA monitoring activities;

9. Home visits and telephone calls made but not received by client/caregiver; and

10. "Advocacy" or legal-related tasks such as working with officials of DCF Adult Protective Services, lawyers, and other court officials, and various investigators not specific to an individual client.

C. **DELIVERY STANDARDS/SPECIAL CONDITIONS:** Training and certification on the DOEA assessment instrument and care plan forms are required for case managers. A case manager shall score at least 80% on the post training test to conduct assessments independently. New employees who have not been certified, or those who have not passed the examination shall have assessments approved by the review and signature of a certified case manager.

D. PROVIDER QUALIFICATIONS:

1. Case management services are provided by the designated lead agency, or as otherwise approved by the AAA. Minimum requirements for new case managers 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.

2. Caseloads include clients who have been determined eligible and are receiving case management services. DOEA suggests maintaining a caseload of 60 to 70 clients. Caseloads exceeding 100 clients require a waiver from the AAA.

E. RECORD KEEPING AND REPORTING REQUIREMENTS:

1. **Unit of Service:** One hour of direct service with or on behalf of a client accumulated on a daily basis. This may include travel time and time spent with caregivers when it is related to the client's situation.

2. The case manger shall document and sign-off on case management activities in the client's case record.

3. CIRTS reporting requirements are below. ↓

CIRTS REPORTING REQUIREMENTS				
PROGRAM	**SERVICE**	**REPORTING OF SERVICES**	**OAA CLIENT REQUIREMENTS**	**MAX UNITS**
ADI	CM	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
CCE	CM	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
HCE	CMV	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
LSP	CM	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	9999
OA3B	CM	MONTHLY AGGREGATE REPORTING BY CLIENT	MONTHLY AGGREGATE REPORTING BY CLIENT	9999

PROGRAM FUNDING SOURCE(S): OAAIIIEG

PROGRAM AUTHORITY:

Program Funding	**Specific Authority**
Rulemaking	**Section 430.08, F.S.**
OAAIIIE	**Older Americans Act, Title III, Part E, Section 372 (b)**

A. DESCRIPTION: Child day care services are provided to a minor child, not more than 18 years old, or a child who is an individual with a disability residing with an age 55+ grandparent or other age 55+ related caregiver.

B. DELIVERY STANDARDS/SPECIAL CONDITIONS: Services shall be delivered as respite for caregivers to be temporarily relieved of their responsibility. Child day care services cannot replace other funding available, unless all other funding sources are exhausted. Child day care services can be provided for a caregiver to work at a maximum of twenty (20) hours per week.

C. PROVIDER QUALIFICATIONS: Child day care services for minor children shall be provided in a facility licensed in accordance with Chapters 402.26 - 402.319, Florida Statutes, and Chapter 65C, Florida Administrative Code. Child day care services for a disabled individual shall be provided in a facility and environment suitable to the disabled person's needs. Standards and licensing requirements to the type of facility apply, i.e., adult day care, etc.

D. RECORD KEEPING AND REPORTING REQUIREMENTS:

1. Unit of Service: One hour of actual client attendance at a facility is one unit of child day care service. Actual client attendance is defined as the time between the time of arrival and the time of departure from the facility.

2. A direct payment will be provided to the caregiver or vendor in accordance with the agency's direct payment policies. Prior authorization from the Title IIIE Coordinator or other designated staff is required.

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

CIRTS REPORTING REQUIREMENTS				
PROGRAM	**SERVICE**	**REPORTING OF SERVICES**	**OAA CLIENT REQUIREMENTS**	**MAX UNITS**
OA3EG (GRANDPARENT)	DCC	MONTHLY AGGREGATE REPORTING BY CLIENT	MONTHLY AGGREGATE REPORTING BY CLIENT	9999

THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK

PROGRAM FUNDING SOURCE(S): AC, CCE, HCE, LSP, OAAIIIB, OAAIIIES

PROGRAM AUTHORITY:

Program Funding	Specific Authority
Rulemaking	Section 430.08, F.S.
AC	AmeriCorps Provisions
CCE	Sections 430.201-207, F.S.
HCE	Sections 430.601-608, F.S.
LSP	Specific Appropriations
OAAIIIB	Older Americans Act, Title III, Part B, Section 321 (a)(5) 42 U.S.C. 3030d
OAAIIIE	Older Americans Act, Title III, Part E, Section 373 (f)

A. DESCRIPTION: Chore is defined as the performance of routine house or yard tasks, including such jobs as seasonal cleaning; yard work; lifting and moving furniture, appliances or heavy objects; household repairs which do not require a permit or specialist; and household maintenance. Pest control may be included, when not performed as a distinct activity.

B. DELIVERY STANDARDS/SPECIAL CONDITIONS: Chore services may be provided only when there is no other means to accomplish the required tasks.

C. PROVIDER QUALIFICATIONS: Providers of chore services may be licensed home health and hospice agencies. Providers may also be independent vendors qualified to provide such service in accordance with all local ordinances that may apply. Home health agencies shall be licensed by the Agency for Health Care Administration in accordance with Chapter 400 Part IV, Florida Statutes. If the service is provided through the AmeriCorps program, volunteers must meet the AmeriCorps® program requirements.

D. RECORD KEEPING AND REPORTING REQUIREMENTS:

1. **Unit of Service:** One worker hour, beginning at the time of arrival and concluding at the time of departure from client contact. Chore service does not include travel time to nor from the client's residence, except as appropriate for performing essential errands (such as picking up materials) as approved by the job order.

2. For AmeriCorps, one worker hour may include travel time.

3. If services are provided to a couple, units cannot be counted twice.

4. The service may include the cost of cleaning material or personal protective supplies. Materials used for repair or improvement, such as locks, doors, screens or grab rails, are not included in the unit rate of this service. Such materials should be donated, sponsored or purchased under the service "Material Aid."

5. The provider must maintain a service log.

6. CIRTS reporting requirements are included o the next page. ↓

THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK

CIRTS REPORTING REQUIREMENTS				
PROGRAM	**SERVICE**	**REPORTING OF SERVICES**	**OAA CLIENT REQUIREMENTS**	**MAX UNITS**
ACP	CHO	MONTHLY AGGREGATE REPORTING	ZERO UNIT ENTRY REQUIRED ANNUALLY	9999
CCE	CHO	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
HCE	CHO	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
HCE	CHOV	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
LSP	CHO	MONTHLY AGGREGATE REPORTING	ZERO UNIT ENTRY REQUIRED ANNUALLY	9999
OA3B	CHO	MONTHLY AGGREGATE REPORTING	ZERO UNIT ENTRY REQUIRED ANNUALLY	9999
OA3ES (SUPPLEMENTAL)	CHO	MONTHLY AGGREGATE REPORTING BY CLIENT	MONTHLY AGGREGATE REPORTING BY CLIENT	9999

For HCE, the client file shall document why the caregiver is unable to perform the service.

THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK

PROGRAM FUNDING SOURCE(S): AC, CCE, HCE, LSP, OAAIIIB, OAAIIIES

PROGRAM AUTHORITY:

Program Funding	Specific Authority
Rulemaking	Section 430.08, F.S.
AC	AmeriCorps Volunteer Program
CCE	Sections 430.201-207, F.S.
HCE	Sections 430.601-608, F.S.
LSP	Specific Appropriations
OAAIIIB	Older Americans Act, Title III, Part B, Section 321 (a)(5) 42 U.S.C. 3030d
OAAIIIE	Older Americans Act, Title III, Part E, Section 373 (f)

A. DESCRIPTION: Enhanced chore is the performance of any house or yard task necessary to provide a clean, sanitary and safe living environment. This service is beyond the scope of chore due to the level of service needed. The service includes a more intensified, thorough cleaning to address more demanding circumstances. Pest control may be included when not performed as a distinct activity.

B. DELIVERY STANDARDS/SPECIAL CONDITIONS: Enhanced chore services may be provided only when there is no other means to accomplish the required tasks.

C. PROVIDER QUALIFICATIONS: Enhanced chore services providers may be licensed home health or hospice agencies. Providers may also be independent vendors qualified to provide such service in accordance with local ordinances that may apply. Home health and hospice agencies shall be licensed by the Agency for Health Care Administration in accordance with Chapter 400 Parts IV and VI, Florida Statutes, respectively. If the service is provided through the AmeriCorps program, volunteers must meet the AmeriCorps program requirements.

D. RECORD KEEPING AND REPORTING REQUIREMENTS:

1. **Unit of Service:** One worker hour, beginning at time of arrival and concluding at time of departure from client contact. Enhanced chore service does not include travel time to nor from the client's residence, except as appropriate for performing essential errands (such as picking up materials or dumping debris) as approved by the job order. For AmeriCorps, one worker hour may include travel time.

2. If services are provided to a couple, units cannot be counted twice.

3. The service may include cost of cleaning materials, personal protective supplies, or equipment rental. Materials used for repair or improvement, such as locks, doors, screens or grab rails are not included in the unit rate of this service. Such materials should be donated, sponsored or purchased under the service "Material Aid."

4. The provider must maintain a service log.

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

THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK

CIRTS REPORTING REQUIREMENTS				
PROGRAM	**SERVICE**	**REPORTING OF SERVICES**	**OAA CLIENT REQUIREMENTS**	**MAX UNITS**
ACP	ECHO	MONTHLY AGGREGATE REPORTING	ZERO UNIT ENTRY REQUIRED ANNUALLY	9999
CCE	ECHO	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
HCE	ECHO	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
HCE	ECHV	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
LSP	ECHO	MONTHLY AGGREGATE REPORTING	ZERO UNIT ENTRY REQUIRED ANNUALLY	9999
OA3B	ECHO	MONTHLY AGGREGATE REPORTING	ZERO UNIT ENTRY REQUIRED ANNUALLY	9999
OA3ES SUPPLEMENTAL)	ECHO	MONTHLY AGGREGATE REPORTING BY CLIENT	MONTHLY AGGREGATE REPORTING BY CLIENT	9999

For HCE, the client file shall document why the caregiver is unable to perform the service.

THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK

PROGRAM FUNDING SOURCE(S): CCE, LSP, OAAIIIB, SCP

PROGRAM AUTHORITY:

Program Funding	Specific Authority
Rulemaking	**Section 430.08, F.S.**
CCE	**Sections 430.201-207, F.S.**
LSP	**Specific Appropriations**
OAAIIIB	**Older Americans Act, Title III, Part B, Section 321 (a)(5)(c) 42 U.S.C. 3030d**
SCP	**Corporation for National and Community Service Senior Companion Program**

A. DESCRIPTION: Companionship is visiting a client who is socially and/or geographically isolated, for the purpose of relieving loneliness and providing continuing social contact with the community. This service includes activities such as engaging the client in casual conversation, providing assistance with reading, writing letters, escorting a client to a medical appointment and diversional activities such as playing games, going to the movies, the mall, the library or grocery shopping.

B. DELIVERY STANDARDS/SPECIAL CONDITIONS:

1. Companionship services consist of non-hands-on, non-medical care, supervision and socialization activities provided on a one-on-one basis. A companion may assist the client with such tasks as meal preparation, laundry and shopping; however, these activities shall not be performed as discrete services.

2. This service does not include hands-on personal or medical care.

3. Companionship services shall be provided in direct relation to the achievement of the client's specific outcomes or goals in the care plan.

4. Companionship services are not permitted solely to provide transportation services to another service. Companionship services may be used if the client requires assistance and supervision to attend therapy, dental or medical appointments. Clients shall not receive this service in the provider's home.

C. PROVIDER QUALIFICATIONS:

1. The service shall be provided in accordance with the regulation of Home Health Agencies in Chapter 400, Part IV, Florida Statutes, and Chapter 59A-8, Florida Administrative Code. Companions shall meet background screening and training requirements, and provide services in accordance with Chapter 400.512, Florida Statutes, and Chapters 59A-8.004 (10) and (11) and 59A-8.0095(12) Florida Administrative Code.

2. An agency or individual that provides companionship services shall be licensed in accordance with Chapter 400.464, Florida Statutes. Agencies or organizations providing companionship services that do not provide home health service are exempt from licensure but shall be registered in accordance with Chapters 400.464 and 400.509, Florida Statutes.

3. If this service is provided through the Senior Companion Program, volunteers shall meet the Corporation for National and Community Service Senior Companion Program guidelines.

D. RECORD KEEPING AND REPORTING REQUIREMENTS:

1. **Unit of Service:** One hour of direct client contact. Companionship services involve one-on-one contact with the client. If the individual chooses to bring a "friend", only the services provided to the one individual are to be billed.

2. A companion may not bill for services to two clients for the same period of time.

3. Companions shall maintain a chronological written record of services and report any unusual incidents or changes in the client's behavior to their supervisor.

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

CIRTS REPORTING REQUIREMENTS				
PROGRAM	**SERVICE**	**REPORTING OF SERVICES**	**OAA CLIENT REQUIREMENTS**	**MAX UNITS**
CCE	COMP	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
LSP	COMP	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
OA3B	COMP	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
SCP	COMP	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
CCES*	COMP	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999

* Special Senior Companion Program to Capture Agency Dollar Match

THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK

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.

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

THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK

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

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.

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

1. Psychologists 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. 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

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.

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.).

C. PROVIDER QUALIFICATIONS: Licensed health care professionals shall be used to conduct lectures, seminars or workshops to provide information on diseases or to provide no cost health screening. 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.

.

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 provided

2. **Unit of Service—Group:** An episode, regardless of the number of persons served. Examples of one unit of service are:

a. One verbal or written presentation, on a specific disease related topic ; or

b. One radio or television presentation on a specific disease related topic.

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. 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): ADI, LSP, OAAIIIB, OAAIIIE, OAAIIIEG, OAA7

PROGRAM AUTHORITY:

Program Funding	Specific Authority
Rulemaking	**Section 430.08, F.S.**
ADI	**Sections 430.501-504, F.S.**
LSP	**Specific Appropriations**
OAAIIIB	**Older Americans Act, Title III, Part B, Section 321, (a)(1) 42 U.S.C. 3030d**
OAAIIIE	**Older Americans Act, Title III, Part E**
OAAVII	**Older Americans Act, Title VII**

A. DESCRIPTION: Education/Training is defined as:

1. Speaking to groups or distributing materials to individuals at public gatherings about services and opportunities available to them within their communities;

2. Providing formal or informal opportunities for individuals or groups to acquire knowledge, experience or skills; to increase awareness in such areas as crime or accident prevention; promoting personal enrichment; and to increase or gain skills in a specific craft, trade, job or occupation. Training individuals or groups in guardianship proceedings of older individuals if other adequate representation is unavailable can also be done; and

3. Training conducted by memory disorder clinics funded under the Alzheimer's Disease Initiative designed to increase understanding of the disease and facilitate management of persons with Alzheimer's disease by their caregivers and health professionals.

B. DELIVERY STANDARDS/SPECIAL CONDITIONS: There are no age requirements for receiving education/training.

C. PROVIDER QUALIFICATIONS: A person qualified by training or experience shall be designated to provide the service.

D. RECORD KEEPING AND REPORTING REQUIREMENTS:

1. **Unit of Service—Individual:** An episode of direct service with a client, regardless of the amount of education/training provided.

2. **Unit of Service—Group:** An episode, regardless of the number of persons educated. Examples of one unit of service are:

   a. One presentation, regardless of number of attendees;

   b. One training presentation;

   c. One program-wide distribution of information;

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

   e. One radio or television presentation; or

   f. One exhibit at a health fair or other public event, whose audience or attendees are known to include older adults or caregivers.

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

THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK

CIRTS REPORTING REQUIREMENTS				
PROGRAM	**SERVICE**	**REPORTING OF SERVICES**	**OAA CLIENT REQUIREMENTS**	**MAX UNITS**
ADI	EDUCG (GROUP)	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
ADI	EDUCI (INDIV)	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
LSP	EDUCG (GROUP)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
LSP	EDUCI (INDIV)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
OA3B	EDUCG (GROUP)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
OA3B	EDUCI (INDIV)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
OA3E	EDUCG (GROUP)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
OA3E	EDUCI (INDIV)	MONTHLY AGGREGATE REPORTING BY CLIENT	MONTHLY AGGREGATE REPORTING BY CLIENT	9999
OA3EG (GRANDPARENT)	EDUCG (GROUP)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
OA3EG (GRANDPARENT)	EDUCI (INDIV)	MONTHLY AGGREGATE REPORTING BY CLIENT	MONTHLY AGGREGATE REPORTING BY CLIENT	9999
OAA7	EDUCG (GROUP)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
OAA7	EDUCI (INDIV)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999

THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK

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

PROGRAM AUTHORITY:

Program Funding	Specific Authority
Rulemaking	**Section 430.08, F.S.**
CCE	**Sections 430.201-207, F.S.**
LSP	**Specific Appropriations**
OAAIIIB	**Older Americans Act, Title III, Part B, Section 321, (a)(5) 42 U.S.C. 3030d**

A. DESCRIPTION: Emergency alert/response service is a community-based electronic surveillance system, which monitors the frail homebound elder by means of an electronic communication link with a response center. The service consists of:

1. Surveillance of a client from a remote location 24 hours a day, seven days a week, actuated by a wireless signal, waterproof portable button;

2. Response to the client actuated emergency signal by the surveillance/response center; and

3. An emergency telephone communication from the response center to a local emergency team such as 911, police, fire department, ambulance, friends and/or neighbors directing emergency services to the client's home.

B. DELIVERY STANDARDS/SPECIAL CONDITIONS:

1. Components: The home communicator is connected to the telephone line.

2. Button: The client may activate the system by a wireless waterproof portable button unit.

3. The client must have, or be willing to arrange for, a private line telephone service. The client must be mentally and physically able to use the equipment appropriately.

4. All equipment shall be approved by the Federal Communications Commission (FCC) and both the button and communicator shall have proper identification numbers. The portable button sends a wireless signal, no less than 200 feet, to a receiver located in the communicator.

5. The communicator is designed to receive a wireless signal using a manual button for signaling a need for help. It also has a digital dialer to transmit the signal to the central receiving station. It shall provide an audible and visual indication of system operation for visual and hearing-impaired persons. It shall have a rechargeable battery with ten (10) hours backup in case of a power outage.

6. The communicator is attached and does not interfere with normal use of the telephone. It has the capability of automatically seizing the telephone line, even if the phone is off the hook, dialing the number of the central station and giving identifying information about the person. Where there are multiple phones or devices on one telephone line, it will be necessary to install an alarm jack, e.g., a RJ31X.

7. The communicator shall continually check for no-power conditions and indicate such conditions to the client and monitor. The communicator shall check for an active telephone line at least once every 24 hours. If no signal is received, the central station will contact the client to test the unit. If no test signal is received, the service provider shall investigate and resolve.

C. 24 hour Monitoring Equipment Specifications:

1. The emergency response center equipment consists of a primary receiver, a backup receiver, a clock printer, a backup power supply and a primary and backup telephone line monitor. A single element can fail without causing a loss of signal;

2. The printer prints out the time and date of the emergency signal, the client identification code, and emergency codes indicating active or passive alarm or responder reset;

3. The backup power supply provides for in excess of ten hours of emergency response center operation in the event of a power failure;

4. The telephone line monitor gives visual and audible signals if the incoming telephone line is disconnected for more than ten (10) seconds; and

5. The provider agency shall arrange monthly phone calls to each client's home to test the system operation, update records and provide direct client contact.

D. PROVIDER QUALIFICATIONS: Alarm system manufacturers shall be in compliance with Chapter 489.503(15), Florida Statutes. Alarm system contractors shall be certified under Chapter 489, Part II, Florida Statutes. Lead agencies shall operate in accordance with Chapter 489.503(15), Florida Statutes. Hospitals shall be licensed under Chapter 395, Florida Statutes.

E. RECORD KEEPING AND REPORTING REQUIREMENTS:

1. **Unit of Service:** One day. Installation may be reported separately as one episode.

2. A log must be kept of all signals received and reports filed for each active emergency. Verification of daily self-checks must be available.

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

THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK

CIRTS REPORTING REQUIREMENTS				
PROGRAM	**SERVICE**	**REPORTING OF SERVICES**	**OAA CLIENT REQUIREMENTS**	**MAX UNITS**
CCE	EAR	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
CCE	EARI (INSTALL)	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	1
LSP	EAR	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
LSP	EARI (INSTALL)	MONTHLY AGGREGATE REPORTING BY CLIENT	NO REQUIREMENT	1
OA3B	EAR	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
OA3B	EARI (INSTALL)	MONTHLY AGGREGATE REPORTING BY CLIENT	NO REQUIREMENT	1

THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK

PROGRAM FUNDING SOURCE(S): CCE, LSP, OAAIIIB, SCP

PROGRAM AUTHORITY:

Program Funding	Specific Authority
Rulemaking	**Section 430.08, F.S.**
CCE	**Sections 430.201-207, F.S.**
LSP	**Specific Appropriations**
OAAIIIB	**Older Americans Act, Title III, Part B, Section 321, (a)(5) 42 U.S.C. 3030d**
SCP	**Corporation for National and Community Service Senior Companion Program**

A. DESCRIPTION: Escort is personal accompaniment and assistance to a person who has difficulties (physical or cognitive) using regular vehicular transportation. The accompaniment and assistance is provided to clients to or from service providers, medical appointments or other destinations needed by the client. Escort is essential during travel to provide safety, security and support.

B. DELIVERY STANDARDS/SPECIAL CONDITIONS: Escorts may also provide language interpretation to persons with hearing/speech impairments or who speak a foreign language.

C. PROVIDER QUALIFICATIONS:

1. Providers of escort services shall have equipment available to assist in mobility of persons with disabilities such as steps, walkers, wheelchairs and sliding guards and have the capacity to operate the equipment Providers shall also be certified in first aid.

2. If this service is provided through the Senior Companion Program, volunteers shall meet the Corporation for National and Community Service Senior Companion Program guidelines.

D. RECORD KEEPING AND REPORTING REQUIREMENTS:

1. **Unit of Service:** One one-way trip per person escorted.

2. Escort units may not be counted in addition to the transportation unit if the escort service is provided by the vehicle driver.

3. CIRTS reporting requirements are below. ↓

CIRTS REPORTING REQUIREMENTS				
PROGRAM	**SERVICE**	**REPORTING OF SERVICES**	**OAA CLIENT REQUIREMENTS**	**MAX UNITS**
CCE	ESC	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
LSP	ESC	MONTHLY AGGREGATE REPORTING	ZERO UNIT ENTRY REQUIRED ANNUALLY	9999
OA3B	ESC	MONTHLY AGGREGATE REPORTING	ZERO UNIT ENTRY REQUIRED ANNUALLY	9999
SCP	ESC	MONTHLY AGGREGATE REPORTING	ZERO UNIT ENTRY REQUIRED ANNUALLY	9999
CCES*	ESC	MONTHLY AGGREGATE REPORTING	ZERO UNIT ENTRY REQUIRED ANNUALLY	9999

* Special Senior Companion Program to Capture Agency Dollar Match.

THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK

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 Program was developed by Stanford University. People with different types of rheumatic diseases, such as osteoarthritis, rheumatoid arthritis, fibromyalgia, lupus, and others, 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

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

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.

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

3. Individuals who are trained in Chronic Disease Self-Management, Tomando Control de su Salud and/or Diabetes Self-Management still need to be trained separately for the Arthritis Self-Management training to be either Master Trainers or Lay Leaders.

4. 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, 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. One episode equals 6 week session. The entire six weeks needs to be completed prior to submitting a request for payment

3. 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

THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK

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

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

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.

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

3. Individuals who are trained in Chronic Disease Self-Management, Tomando Control de su Salud and/or Diabetes Self-Management still need to be trained separately for the Arthritis Self-Management training to be either Master Trainers or Lay Leaders.

4. 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, 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. One episode equals 6 week session. The entire six weeks needs to be completed prior to submitting for payment.

3. 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

THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK

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:
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: mwlatino@gmail.com

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.

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., summary notes for each contact, copy of the assessment, and the treatment plan.

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

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 eight to ten week workshop.

4. 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

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

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

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.

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. 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. Individuals who are trained in Tomando Control de su Salud and/or Diabetes Self-Management still need to be trained separately for the Chronic Disease Self-Management training to be either Master Trainers or Lay Leaders.

4. 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, 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. One episode equals 6 week session. The entire six weeks needs to be completed prior to submitting for payment.

3. CIRTS reporting requirements are below. ↓

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

THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK

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 Changes program was developed by Providence Center on Aging in Portland, Oregon and implemented through the Portland (OR) Steering Committee under the leadership of Elders in Action, is both an educational and support program designed to assist older adults in the day-to-day self-management of diabetes. The program offers weekly group meetings in which participants learn information about exercise and physical activity as it relates to diabetes. Participants have an opportunity to discuss personal goals and achievement of those goals, receive problem-solving help and support from other group attendees, and learn about community resources available to help them. Because the program is designed to be continuous, topics are repeated as dictated by the needs of the group.

For more information please go to:
www.healthyagingprograms.org/content.asp?sectionid=30&ElementID=11.

B. DELIVERY STANDARDS/SPECIAL CONDITIONS: Healthy Changes is an on-going program. The groups meet once a week, and new members can join at any time as long as there is room. Groups should be between12 to 15 people. Too few members may diminish group cohesion while too many members may disrupt the effectiveness of the learning experience. The program allows participants to join, drop out, or rejoin as their needs dictate. The organization of each class allows all group members to participate fully even if they have not attended previous classes.

THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK

C. PROVIDER QUALIFICATIONS:

1. Healthy Changes™ requires a two-day training program for volunteer peer leaders. The peer leader training is designed for groups of eight to 12. A training session can include several peer leaders as well as staff involved in coordinating the program, increasing the cost effectiveness of the training.

2. The design of the two-day leader training provides potential peer leaders with the knowledge and skills necessary to facilitate weekly sessions. The training includes information about facilitating groups, dealing with challenging participants, diabetes self-management, behavior modification, and self-care practices. In addition, the training includes practice session so participants can put their new information into action.

3. The educational component consists of 26 didactic diet and physical activity-related topics presented by either a trained peer leader or an individual knowledgeable about diabetes. To supplement the curriculum, the lay leaders can invite diabetes educators or other knowledgeable professionals as guest speakers.

4. To obtain a toolkit and a group leader instructional manual or more information about this program, please refer to the website provided under DESCRIPTION.

5. Provider must maintain program fidelity to the original program design by the Providence Center on Aging.

D. RECORD KEEPING AND REPORTING REQUIREMENTS:

1. The program handbook includes tools for program evaluation to be used to ensure program fidelity.

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

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

4. The provider shall maintain a sign in sheet for each week.

5. CIRTS reporting requirements are below. ↓

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

THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK

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: 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
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.

THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK

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

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). Master Trainers must attend a two-day training session. The Master Trainer training will prepare individuals to:

a. Recruit and train volunteers to lead A Matter of Balance sessions

b. Coordinate the program in your community

c. Market the program to older adults

d. Evaluate outcomes

e. License to train coaches

2. Coaches are trained by Master Trainers. 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. 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, 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. One episode equals 8 week session. The entire eight weeks needs to be completed prior to submitting for payment.

3. 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

THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK

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

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). Master Trainers must attend a two-day training session. The Master Trainer training will prepare individuals to:

a. Recruit and train volunteers to lead A Matter of Balance sessions

b. Coordinate the program in your community

c. Market the program to older adults

d. Evaluate outcomes

e. License to train coaches

2. Coaches are trained by Master Trainers. 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. 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, evaluations, workshop information, etc.).

2. Provider must send original forms to senior services (Seattle, WA) to be scanned.

3. 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.

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

THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK

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
Barbara.Murray@gwaar.org

B. DELIVERY STANDARDS/SPECIAL CONDITIONS: The Stepping On workshop meets for two hours a week for seven weeks. 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.

C. PROVIDER QUALIFICATIONS:

1. Providers must:

a. Maintain fidelity using provided materials, with oversight by Master Trainer.

b. Obtain a new license every three (3) years. A license is required to provide this program. There are two types of licenses that can be purchased, one allows you to provide up to 10 workshops per year, and the other allows you to provide up to 30 workshops a year.

c. Have Leaders lead a workshop yearly to stay active

d. Have a Master Trainer within an organization who is available to provide technical assistance to new Leaders.

e. Disseminate updates from Master Trainers to Leaders.

2. Program Fidelity

a. Master Trainers will be introduced to the fidelity tools at their training and may choose the option that will work best in their organization. Types of fidelity monitoring include:

b. Direct observation

c. Observation of videotapes or Skype

d. Administering knowledge quizzes at Leader training

e. Participant ratings of workshops

f. Leader self-ratings of workshops

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

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, evaluations, workshop information, etc.).

3. **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.

4. **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.

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

6. 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.holistichealinginstitute.org/

B. DELIVERY STANDARDS/SPECIAL CONDITIONS: Tai Chi: Movement for Better Balance workshops are offered to adults aged 60 or older and it lasts for sixteen weeks. Participants are lead by a certified trainer in a 60 minute session twice a week. A completer is an individual who completes 70 percent of the total number of sessions. It is expected that the sessions will take place in a spacious and sufficiently private area that can adequately accommodate a minimum of 10 and a maximum of 20 participants plus the instructor. Materials required for the workshop include the instructor's manual and Instructor supplements, as well as participant books and videotapes or DVDs so the participants can work on their weekly 30-minutes of home-based exercise session. Instructor is responsible for maintaining fidelity to the program by teaching each session as it was designed by the Oregon Research Institute.

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: Movement 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, 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 entire 16 week course.

3. 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

THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK

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 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

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: Minimum 10 participants and Maximum 16 participants

c. Session length: 2.5 hours a session

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.

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. 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. Individuals who are trained in Tomando Control de su Salud and/or Diabetes Self-Management still need to be trained separately for the Chronic Disease Self-Management training to be either Master Trainers or Lay Leaders.

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

THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK

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

3. **Unit of Service Group:** One episode of direct service with or on behalf of clients regardless of the numbers of participants. 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	CDSMPG (GROUP)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999

THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK

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

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

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.

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. 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. Individuals who are trained in Tomando Control de su Salud and/or Diabetes Self-Management still need to be trained separately for the Chronic Disease Self-Management training to be either Master Trainers or Lay Leaders.

4. 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, evaluations, workshop information, etc.).

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

3. **Unit of Service Group:** One episode of direct service with or on behalf of clients regardless of the numbers of participants. 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	TCSG (GROUP)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999

THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK

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.

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, 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. 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 (typically a team comprising a registered nurse and social worker, but it can be provided by a solo clinician as well) 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, increasing socialization, etc. A participant is typically enrolled for about six months.

C. PROVIDER QUALIFICATIONS: A nurse or social worker should be used in delivering this service. The provider must attend Enhance Wellness training.

D. RECORD KEEPING AND REPORTING REQUIREMENTS:

1. 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.

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

3. 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).

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 below. ↓

CIRTS REPORTING REQUIREMENTS				
PROGRAM	**SERVICE**	**REPORTING OF SERVICES**	**OAA CLIENT REQUIREMENTS**	**MAX UNITS**
OA3D	EWELI (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 Eating Every Day was designed by The Copper Institute. This program helps individuals establish healthy eating habits. Participants will learn how to identify reason for their poor eating choices and 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 is a 20 week course (1 hour per week) and can be delivered in a classroom setting, one-on-one coaching or online formats. This program does not have to be taught by nutrition experts.

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

3. It is recommended that participant workshops start out with a minimum of 5 individuals and maximum of 20 individuals. In order to gain the full benefit of the program it is recommended that participants attend at least 70% of the sessions which is attend 14 out of the 20 sessions.

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 Partner. 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. Complete facilitator training (~15 hour online facilitator module 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. **Unit of Service Individual:** One episode of direct service with or on behalf of a client for the entire 20 week course.

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 20 week course.

4. CIRTS reporting requirements are on the next page. ↓

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

THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK

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

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. 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

THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK

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 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 this MMIS 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.

THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK

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

4. 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): 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. This case manager-led program typically lasts for 3-6 months. 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.

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 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.

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 hour of direct service with or on behalf of a client accumulated on a daily basis.

3. 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

THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK

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 University of Washington PRC is collaborating with community agencies in the Seattle area on the PEARLS research project for older adults focused on reducing minor depression and resulting disability. The PEARLS study is testing 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

THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK

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.

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.

THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK

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 the assessment, and the treatment plan).

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 on next page. ↓

Service: Program to Encourage Active, Rewarding Lives for Seniors (PEARLS) (Evidence-Based Program)

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

THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK

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.

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, evaluations, workshop information, etc.).

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

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

4. 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

THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK

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

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. **Unit of Service Individual:** One episode of direct service with or on behalf of a client for the entire 12 or 20 week course.

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 12 or 20 week course.

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

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

THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK

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.

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, 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 8 week period.

3. CIRTS reporting requirements are on next page. ↓

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

THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK

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.

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.

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, evaluations, workshop information, etc.).

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

8. 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

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 is 1.5 hours per session (1 hour exercise, .5 hour of arthritis and exercise education). There are 3 sessions a week for 8 weeks (meeting 3 days a week for 8 weeks). This program demonstrated significant functional and physical activity improvements. 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. These sessions are led by trained certified exercise trainers.

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

THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK

B. DELIVERY STANDARDS/SPECIAL CONDITIONS:

1. 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.)

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. 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

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

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

3. **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.

4. 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): 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.

THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK

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

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

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

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

THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK

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: Stay Active and Independent for Life (SAIL) is a strength, balance, and fitness class for adults 65 and older. This SAIL Class Exercise Guide was developed as a result of the Washington State Department of Health's Senior Falls Prevention Study, which was funded by the Centers for Disease Control and Prevention. The goal of the SAIL program is to increase strength, balance and mobility while decreasing the likelihood of falls.

For more information please go to:
http://www.ncwruralhealth.org/stay-active-and-independent-for-life-sail.html

B. DELIVERY STANDARDS/SPECIAL CONDITIONS: SAIL classes are one hour long, three times each week. There is a maximum of 20 participants allowed per class. The class site should provide sufficient space for instructor and participants to perform the exercises comfortably.

THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK

C. 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 hour of service with or on behalf of clients regardless of the numbers of participants per session

3. CIRTS reporting requirements are below. ↓

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

THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK

PROGRAM FUNDING SOURCE(S): CCE, OAAIIIE

PROGRAM AUTHORITY:

Program Funding	Specific Authority
Rulemaking	**Section 430.08, F.S.**
CCE	**Sections 430.201-207, F.S.**
OAAIIIE	**Older Americans Act, Title III, Part E**

A. DESCRIPTION: Financial risk reduction services provide assessment of problem area(s) or coaching and guidance for managing income, assets, liabilities and expenditures. The service may include the establishment of checking accounts and direct deposits that reduce the risk of financial exploitation of the recipient.

B. DELIVERY STANDARDS/SPECIAL CONDITIONS: This service is provided to persons who are at risk of financial exploitation, or unable or unwilling to manage their own financial affairs.

C. PROVIDER QUALIFICATIONS: The provider shall have knowledge, skills and abilities commensurate with the service being provided.

D. RECORD KEEPING AND REPORTING REQUIREMENTS:

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

2. CIRTS reporting requirements are below. ↓

CIRTS REPORTING REQUIREMENTS				
PROGRAM	**SERVICE**	**REPORTING OF SERVICES**	**OAA CLIENT REQUIREMENTS**	**MAX UNITS**
CCE	RRFA ASSMT	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
OA3E	RRFA ASSMT	MONTHLY AGGREGATE REPORTING BY CLIENT	MONTHLY AGGREGATE REPORTING BY CLIENT	9999

PROGRAM FUNDING SOURCE(S): CCE, OAAIIIE

PROGRAM AUTHORITY:

Program Funding	Specific Authority
Rulemaking	**Section 430.08, F.S.**
CCE	**Sections 430.201-207, F.S.**
OAAIIIE	**Older Americans Act, Title III, Part E**

A. DESCRIPTION: Financial risk reduction maintenance services provide ongoing assessment of problem area(s) or coaching and guidance for managing income, assets, liabilities and expenditures.

B. DELIVERY STANDARDS/SPECIAL CONDITIONS: This service is provided to persons who are at risk of financial exploitation or unable, or are unwilling to manage their own financial affairs.

C. PROVIDER QUALIFICATIONS: The provider shall have knowledge, skills and abilities commensurate with the service being provided.

D. RECORD KEEPING AND REPORTING REQUIREMENTS:

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

2. CIRTS reporting requirements are below. ↓

CIRTS REPORTING REQUIREMENTS				
PROGRAM	**SERVICE**	**REPORTING OF SERVICES**	**OAA CLIENT REQUIREMENTS**	**MAX UNITS**
CCE	RRFM MAINTAIN	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
OA3E	RRFM MAINTAIN	MONTHLY AGGREGATE REPORTING BY CLIENT	MONTHLY AGGREGATE REPORTING BY CLIENT	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: This service is for Area Agencies on Aging who write media news articles on health topics. These articles can be for the newspaper, bulletins, newsletters that are distributed throughout the community.

B. DELIVERY STANDARDS/SPECIAL CONDITIONS:

1. This service should be well written and individuals writing articles need to site their references appropriately. The health articles should be in relation to the programs being offered in the respected area(s). This service is should reach the targeted population in the respected area(s).

2. There can be multiple health articles published in one document, however the Department of Elder Affairs will not be providing payment by article but by publication.

C. PROVIDER QUALIFICATIONS: This service may be provided by the designated lead agency or as otherwise approved by the AAA with knowledge of all the health, wellness and public safety activities under the Title III D programs within their area. Volunteer staff shall meet comparable standards as paid staff with the same knowledge of the Title III D programs.

THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK

D. RECORD KEEPING AND REPORTING REQUIREMENTS:

1. The provider shall maintain a copy of the published printed health article. The provider must keep documentation where the health article was distributed and approximately how many individuals are being reached through this publication.

2. **Unit of Service Group:** One episode of service per health publication regardless of the numbers of clients reaching to and regardless of how many health articles are in one publication.

3. CIRTS reporting requirements are below. ↓

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

THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK

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: This service is for Area Agencies on Aging (AAA) who coordinate or participate in health fairs to promote health, wellness, and public safety events to individuals in the community through informational tables.

B. DELIVERY STANDARDS/SPECIAL CONDITIONS: This service should be conducted in an adequate and accessible location with sufficient parking space, within the community.

C. PROVIDER QUALIFICATIONS: This service may be provided by the designated lead agency or as otherwise approved by the AAA with knowledge of all the health, wellness and public safety activities under the Title III D programs within their area. Volunteer staff shall meet comparable standards as paid staff with the same knowledge of the Title III D programs.

D. RECORD KEEPING AND REPORTING REQUIREMENTS:

1. Individual client records are not required, but record of numbers shall be maintained, such as tally sheets of estimated number of participants or estimate based on number of materials distributed.

2. This service is only for the coordination or participation in health fairs for the purpose of distributing health information. Other services taking place at the health fair, should be entered under the appropriate code assigned to the specific service provided, e.g., health screenings.

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

4. CIRTS reporting requirements are below. ↓

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

THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK

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. Services related to health promotion include the distribution of information concerning diagnosis, prevention, treatment, and rehabilitation of aged-related and chronic disabling conditions.

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.

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.

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.

3. **Unit of Service for OAAIIID—Group:** An episode, regardless of the number of persons served. An example of one unit of service is: one presentation, regardless of number of attendees.

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. 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

THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK

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.

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. 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

THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK

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.

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. 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

THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK

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

PROGRAM AUTHORITY:

Program Funding	Specific Authority
Rulemaking	**Section 430.08, F.S.**
CCE	**Sections 430.201-207, F.S.**
LSP	**Specific Appropriations**
OAAIIIB	**Older Americans Act, Title III, Part B, Section 321, (a)(17) 42 U.S.C. 3030d**

A. DESCRIPTION: Health support activities assist persons to secure and utilize necessary medical treatment as well as preventive, emergency and health maintenance services. Examples of health support activities are:

1. Physical activities, including regular exercise programs, weight control emphasis, and activities to reduce mental fatigue, stress and boredom;

2. Special programs, such as hospice or Alzheimer's disease support groups, which focus on caring rather than curing, for the impaired and terminally ill and their families;

3. Prevention and assistance activities such as obtaining appointments for treatment; locating health and medical facilities; obtaining therapy; locating health and medical facilities, and obtaining therapy;

4. Obtaining clinic cards for clients; and

5. Arranging hospice service for non-Medicaid or Medicare clients when all other resources have been exhausted.

B. DELIVERY STANDARDS/SPECIAL CONDITIONS: For case managed clients, this service is appropriate only for group activity or if the activity is beyond the scope of case management.

C. PROVIDER QUALIFICATIONS: A person qualified by training or experience shall be designated to provide the service.

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 clients participating.

3. CIRTS reporting requirements are below. ↓

CIRTS REPORTING REQUIREMENTS				
PROGRAM	**SERVICE**	**REPORTING OF SERVICES**	**OAA CLIENT REQUIREMENTS**	**MAX UNITS**
CCE	HSUG (GROUP)	MONTHLY AGGREGATE REPORTING	N/A	100
CCE	HSUI (INDV)	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
LSP	HSUG (GROUP)	MONTHLY AGGREGATE REPORTING	NOT REQUIRED	9999
LSP	HSUI (INDV)	MONTHLY AGGREGATE REPORTING	NOT REQUIRED	9999
OA3B	HSUG (GROUP)	MONTHLY AGGREGATE REPORTING	NOT REQUIRED	9999
OA3B	HSUI (INDV)	MONTHLY AGGREGATE REPORTING	NOT REQUIRED	9999

PROGRAM FUNDING SOURCE(S): CCE, HCE, LSP, OAAIIIB

PROGRAM AUTHORITY:

Program Funding	Specific Authority
Rulemaking	**Section 430.08, F.S.**
CCE	**Sections 430.201-207, F.S.**
HCE	**Sections 430.601-608, F.S.**
LSP	**Specific Appropriations**
OAAIIIB	**Older Americans Act, Title III, Part B, Section 321, (a)(5)(C) 42 U.S.C. 3030d**

A. DESCRIPTION: Home health aide service is the provision of hands on personal care services, the performance of simple procedures as an extension of therapy or nursing services, assistance in ambulation or exercises, and assistance with self-administered medication as defined by Chapter 400.488, Florida Statutes, and Chapter 59A-8.020, Florida Administrative Code. Services are performed by a trained home health aide or certified nursing assistant to a client in the home, as assigned by and under the supervision of a registered nurse or licensed therapist. Types of assistance provided with activities of daily living include: bathing, dressing, eating, personal hygiene, toileting, assistance with physical transfer, and other responsibilities as outlined in Chapter 59A-8, Florida Administrative Code.

B. DELIVERY STANDARDS/SPECIAL CONDITIONS: Any client who is receiving a skilled service (nursing or therapy) shall have a plan of care established in consultation with the physician in accordance with Chapter 400.487, Florida Statutes, and the home health agency staff involved in providing care and services. Clients receiving non-skilled care from a home health agency shall have a service provision plan or written agreement in accordance with Chapter 59A-8.020, Florida Administrative Code. The service plan shall include specific goals and services to be provided, implementation plans, and any special activities permitted or prohibited, such as special diets, medications and treatments.

C. PROVIDER QUALIFICATIONS:

1. The service shall be provided in accordance with the regulation of home health agencies in Chapter 400, Part IV, Florida Statutes, and Chapter 59A-8, Florida Administrative Code.

2. These services are provided by persons employed by agencies licensed or exempt under Chapter 400.464, Florida Statutes, or by independent contractors acting within the definitions and standards of their occupation. Per Chapter 400.464(5)(b)(1), Florida Statutes, home health services provided by DOEA, either directly or through a contractor, are exempt from home health agency licensing.

3. Home health aides shall meet training, certification and background screening requirements of Chapters 400.497, 400.512, Florida Statutes, and Chapters 59A-8.004(10) and (11) and 59A-8.0095(5), Florida Administrative Code.

4. Certified nursing assistants shall have documented competency in the home health core curriculum and meet training, certification and background screening requirements of Chapters 400.512 and 464.203, Florida Statutes, and Chapters 59A-8.004(10) and (11) and 59A-8.0095(5), Florida Administrative Code.

5. Supervision of the home health aide and certified nursing assistant by a registered nurse in the home will be in accordance with Chapter 400.487(3), Florida Statutes. Supervision is at the election and approval of the client.

D. RECORD KEEPING AND REPORTING REQUIREMENTS:

1. **Unit of Service:** One hour of direct service with a client.

2. Travel time can be counted if the aide transports the client.

3. Providers shall maintain a written record of personal health care activities and report any unusual incidents or changes in the client's appearance or behavioral changes.

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

CIRTS REPORTING REQUIREMENTS				
PROGRAM	**SERVICE**	**REPORTING OF SERVICES**	**OAA CLIENT REQUIREMENTS**	**MAX UNITS**
CCE	HHA	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
HCE	HHA	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
HCE	HHAV	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
LSP	HHA	MONTHLY AGGREGATE REPORTING	NOT REQUIRED	9999
OA3B	HHA	MONTHLY AGGREGATE REPORTING	NOT REQUIRED	9999

For HCE, the client file shall document why the caregiver is unable to perform the service.

THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK

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.

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 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. 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

THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK

PROGRAM FUNDING SOURCE(S): CCE, HCE, LSP, OAAIIIB

PROGRAM AUTHORITY:

Program Funding	Specific Authority
Rulemaking	Section 430.08, F.S.
CCE	Sections 430.201-207, F.S.
HCE	Sections 430.601-608, F.S.
LSP	Specific Appropriations
OAAIIIB	Older Americans Act, Title III, Part B, Section 321, (a)(5)(C) 42 U.S.C. 3030d

A. DESCRIPTION: Homemaker service is defined as the accomplishment of specific home management duties by a trained homemaker. Duties may include, but are not limited to, housekeeping; laundry; cleaning refrigerators; clothing repair; minor home repairs; assistance with budgeting and paying bills; client transportation; meal planning and preparation; shopping assistance; and routine house-hold activities.

B. DELIVERY STANDARDS/SPECIAL CONDITIONS: Homemaker services can be provided under the HCE program only when the caregiver is physically unable to provide the service.

THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK

C. PROVIDER QUALIFICATIONS:

1. Homemaker service providers may be home health or hospice agencies licensed or exempt under Chapter 400.464, Florida Statutes. Providers may also be independent vendors or employees of agencies registered with the Agency for Health Care Administration. Homemaker services provided by DOEA, either directly or through a contractor, are exempt from this licensing requirement. Independent vendors do not have to be licensed or registered, if they bill for and are reimbursed only for services they personally render. An agency using more than one employee to provide services shall register as a homemaker/sitter/companion provider in accordance with Chapter 400.509, Florida Statutes.

2. Homemakers shall meet background screening requirements in accordance with Chapter 400.512, Florida Statutes, and Chapter 59A-8.004(10) and (11), Florida Administrative Code.

D. RECORD KEEPING AND REPORTING REQUIREMENTS:

1. **Unit of Service:** One worker hour. Travel time can be counted if the homemaker transports the client or performs essential errands for the client as approved by the job order.

2. Units of services provided to a couple represent one (1) unit for each hour of service. The units cannot be doubled.

3. Clients (and/or their caregivers) and homemakers shall be provided with copies of the tasks authorized by the case manager, service coordinator or homemaker supervisor.

4. Providers shall maintain a written record of activities and report any unusual incidents or changes in the client's appearance or behavioral changes.

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

CIRTS REPORTING REQUIREMENTS				
PROGRAM	**SERVICE**	**REPORTING OF SERVICES**	**OAA CLIENT REQUIREMENTS**	**MAX UNITS**
CCE	HMK	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
HCE	HMK	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
HCE	HMKV	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
LSP	HMK	MONTHLY AGGREGATE REPORTING	ZERO UNIT ENTRY REQUIRED ANNUALLY	20000
OA3B	HMK	MONTHLY AGGREGATE REPORTING	ZERO UNIT ENTRY REQUIRED ANNUALLY	9999

For HCE, the client file shall document why the caregiver is unable to perform the service.

THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK

PROGRAM FUNDING SOURCE(S): AC, CCE, HCE, LSP, OAAIIIB, OAAIIIES

PROGRAM AUTHORITY:

Program Funding	Specific Authority
Rulemaking	Section 430.08, F.S.
AC	AmeriCorps National Service Volunteer Programs
CCE	Sections 430.201-207, F.S.
HCE	Sections 430.601-608, F.S.
LSP	Specific Appropriations
OAAIIIB	Older Americans Act, Title III, Part B, Section 321, (a)(4)(B),(C) 42 U.S.C. 3030d
OAAIIIE	Older Americans Act, Title III, Part E

A. DESCRIPTION: Housing improvement is defined as providing home repairs, environmental modifications, adaptive alterations or installing security devices.

B. DELIVERY STANDARDS/SPECIAL CONDITIONS:

1. Examples of housing improvement and modifications include installation of smoke detectors, vented heaters, ramps for access, and repairs or improvements to the clients bedroom area, installation of ramps and grab bars, widening doorways, modification of bathroom facilities, or installation of specialized electric and plumbing systems which accommodate medical equipment.

2. Housing improvement may only be provided when there is no one else capable of or responsible to accomplish the task. The service shall be used to lower the environmental risk level and as funds are available.

3. All applicable federal, state and local building codes are to be followed in repair work and required licenses and instructions obtained.

C. PROVIDER QUALIFICATIONS:

1. A person qualified by training or experience shall be designated to provide the service. Satisfactory procedures shall be established to develop volunteer staff sources to augment paid staff. Providers are encouraged to use trained volunteers for this service.

2. If the service is provided through the AmeriCorps program, volunteers shall meet the AmeriCorps program requirements.

D. RECORD KEEPING AND REPORTING REQUIREMENTS:

1. **Unit of Service:** One worker hour beginning at time of arrival and concluding at time of departure from client contact. Housing improvement service does not include travel time to or from the client's residence except as appropriate for performing essential errands (such as picking up materials or dumping debris) as approved by the job order.

2. For AmeriCorps, one worker hour may include travel time. If services are provided to a couple, units cannot be counted twice.

3. Materials for improvement, modification or repair such as smoke detectors, vented heaters, grab bars and wood are not included in the unit rate of this service. Such materials should be donated, sponsored or purchased under the service "Material Aid."

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

CIRTS REPORTING REQUIREMENTS				
PROGRAM	**SERVICE**	**REPORTING OF SERVICES**	**OAA CLIENT REQUIREMENTS**	**MAX UNITS**
ACP	HOIM	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
CCE	HOIM	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
HCE	HOIMH	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
HCE	HOIV (VENDOR)	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
LSP	HOIM	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
OA3B	HOIM	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
OA3ES (SUPPLEMENTAL)	HOIM	MONTHLY AGGREGATE REPORTING BY CLIENT	MONTHLY AGGREGATE REPORTING BY CLIENT	9999
OA3ES (SUPPLEMENTAL)	DPHOIM (DIRECT PAY)	MONTHLY AGGREGATE REPORTING BY CLIENT	MONTHLY AGGREGATE REPORTING BY CLIENT	9999

THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK

PROGRAM FUNDING SOURCE(S): LSP, OAAIIIB, OAAIIIE

PROGRAM AUTHORITY:

Program Funding	Specific Authority
Rulemaking	Section 430.08, F.S.
LSP	Specific Appropriations
OAAIIIB	Older Americans Act, Title III, Part B, Section 321, (a)(1) 42 U.S.C. 3030d
OAAIIIE	Older Americans Act, Title III, Part E

A. DESCRIPTION: Information is an "access" service and is defined as responding to an inquiry from a person, or on behalf of a person, regarding public and private resources and available services.

B. DELIVERY STANDARDS/SPECIAL CONDITIONS: This service is not limited to the elderly and may be provided in writing, by telephone, in person or via the Internet. Information must be accurate, pertinent to the request of the inquirer and available from 8:00 a.m. to 5:00 p.m., Monday through Friday. After hours and weekend calls shall be covered by an answering device that informs the caller of emergency numbers.

THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK

C. PROVIDER QUALIFICATIONS: Staff (paid and volunteer) shall meet the following requirements:

1. Have pre-service and in-service training that includes, but is not limited to, listening skills, communication, proper telephone usage, information giving and referral procedures;

2. Have an understanding of the Alliance for Information and Referral Systems (AIRS) standards for professional information and referral services; and

3. Have knowledge of the community resources.

D. RECORD KEEPING AND REPORTING REQUIREMENTS:

1. **Unit of Service:** An episode is providing information to one person regardless of the amount of information provided.

2. The provider shall keep records to assist the provider in identifying appropriate referrals and gaps in services.

3. CIRTS reporting requirements are below. ↓

CIRTS REPORTING REQUIREMENTS				
PROGRAM	**SERVICE**	**REPORTING OF SERVICES**	**OAA CLIENT REQUIREMENTS**	**MAX UNITS**
LSP	INFO	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	20000
OA3B	INFO	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	20000
OA3E	INFO	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	20000

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

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**
OAAIIIB	**Older Americans Act, Title III, Part B, Section 321, (a)(23) 42 U.S.C. 3030d**
OAAIIIE	**Older Americans Act, Title III, Part E**

A. DESCRIPTION: Intake involves the administration of standard intake and screening instruments for the purpose of gathering information about an applicant for services. It also encompasses the follow-up of clients waiting for services to review any changes in their situations and ensure prioritization for services. This service may also include assistance to clients with applications for the Emergency Home Energy Assistance for the Elderly Program (EHEAP).

B. DELIVERY STANDARDS/SPECIAL CONDITIONS:

1. Clients should be directed to other non-DOEA resources, as appropriate, to have their needs met.

2. Training and certification on DOEA assessment instrument is required, with a competency score of 80% or above on the post-training test.

C. PROVIDER QUALIFICATIONS: This service shall be provided by the AAA, designated lead agency, or as otherwise approved by the AAA. Minimum education requirement for an intake worker is a high school diploma or GED. Job-related experience may be substituted for a high school diploma or GED upon approval of the AAA.

D. RECORD KEEPING AND REPORTING REQUIREMENTS:

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

2. Records shall be kept to assist the provider in identifying appropriate referrals and gaps in services.

3. CIRTS reporting requirements are below. ↓

CIRTS REPORTING REQUIREMENTS				
PROGRAM	**SERVICE**	**REPORTING OF SERVICES**	**OAA CLIENT REQUIREMENTS**	**MAX UNITS**
ADI	INSC	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
CCE	INSC	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
HCE	INSC	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
HCE	INSV	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
LSP	INSC	MONTHLY AGGREGATE REPORTING BY CLIENT	NO REQUIREMENT	9999
OA3B	INSC	MONTHLY AGGREGATE REPORTING BY CLIENT	NO REQUIREMENT	9999
OA3E	INSC	MONTHLY AGGREGATE REPORTING BY CLIENT	MONTHLY AGGREGATE REPORTING BY CLIENT	9999

PROGRAM FUNDING SOURCE(S): LSP, OAAIIIB

PROGRAM AUTHORITY:

Program Funding	Specific Authority
Rulemaking	**Section 430.08, F.S.**
LSP	**Specific Appropriations**
OAAIIIB	**Older Americans Act, Title III, Part B, Section 321, (a)(3) 42 U.S.C. 3030d**

A. DESCRIPTION: Interpreter/Translating is defined as explaining the meaning of oral and/or written communication to non-English speaking persons and persons with disabilities who require such assistance.

B. DELIVERY STANDARDS/SPECIAL CONDITIONS: Interpreters shall possess high levels of knowledge and fluency in English and the non-English language, a level generally equivalent to that of an educated native speaker of the language.

C. PROVIDER QUALIFICATIONS: Sign language interpreters shall be certified by the National Registry of Interpreters for the Deaf under the Screening Program of Florida Registry of Interpreters for the Deaf, except in documented emergencies. Persons providing translation shall be proficient in the client's language.

D. RECORD KEEPING AND REPORTING REQUIREMENTS:

1. Unit of Service: One hour of direct service.

2. CIRTS reporting requirements are below. ↓

CIRTS REPORTING REQUIREMENTS				
PROGRAM	**SERVICE**	**REPORTING OF SERVICES**	**OAA CLIENT REQUIREMENTS**	**MAX UNITS**
LSP	INTE	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
OA3B	INTE	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999

PROGRAM FUNDING SOURCE(S): CCE, LSP, OAAIIIB, OAAIIIEG, OAAIIIES

PROGRAM AUTHORITY:

Program Funding	Specific Authority
Rulemaking	**Section 430.08, F.S.**
CCE	**Sections 430.201-207, F.S.**
LSP	**Specific Appropriations**
OAAIIIB	**Older Americans Act, Title III, Part B, Section 321, (a)(6), (16) 42 U.S.C. 3030d**
OAAIIIE	**Older Americans Act, Title III, Part E**

A. **DESCRIPTION:** The goal of the Florida Senior Legal Assistance Program is to build a collaborative and supportive network of key stakeholders in both the aging and legal services networks to ensure accessible, high impact, high quality legal services, which are targeted particularly to older Floridians in greatest economic or social need.

B. Definitions:

1. Legal Assistance:

a. Means legal advice and representation provided by an attorney to older individuals; and

b. Includes to the extent feasible, counseling or other appropriate assistance by a paralegal or law student under the direct supervision of an attorney; and may include counseling or representation by a non-lawyer where permitted by law.

c. Legal Assistance does not include group legal education.

2. Limited representation: See Standard 3.4, American Bar Association Standards for the Provision of Civil Legal Aid[1]

C. DELIVERY STANDARDS/SPECIAL CONDITIONS:

1. Target Groups: Recognizing that OAA III-B resources are inadequate to meet the legal needs of older persons, legal assistance must be particularly targeted to older persons in greatest economic and social need.

a. The OAA specifies a number of target groups, with emphasis on low-income older persons, low-income minority older persons, older persons with limited English proficiency, and those residing in rural areas.

b. Consideration should be given at the local level to the necessity of prioritizing additional populations for legal assistance based on community need. Establishing additional target populations should be achieved by ongoing joint planning by the AAA and legal assistance providers and reflected in governing service provider agreement.

2. Priority Issue Areas:

a. AAAs and legal providers shall assure that the following broad categories of legal assistance are available in each planning and services area. These include: Income; Health Care; Long-term Care; Nutrition; Housing and Utilities; Defense of Guardianship; Abuse, Neglect and Exploitation; Age Discrimination; Protective Services.

[1] The full text of the ABA Standards for the Provision of Civil Legal Aid can be found online at the following site: http://www.abanet.org/domviol/trainings/Interpreter/CD-Materials/civillegalaidstds2006.pdf

b. Consideration should be given at the local level to the necessity of prioritizing specific legal needs within each broad category, based on the needs of the target groups. Establishing priority issue areas should be achieved by ongoing joint planning by the AAA and legal assistance providers, as well as be reflected in governing service provider agreement.

c. Simple wills and advance directives are not considered priority issue areas, unless legal assistance is justified in this area to meet essential needs.

D. PROVIDER QUALIFICATIONS: In order to achieve the goal of a coordinated and collaborated legal assistance program, the roles and responsibilities of the state unit on aging, AAAs and legal assistance providers:

1. Department of Elder Affairs:

a. Assign personnel (legal services developer) to provide state leadership in developing legal assistance programs for individuals throughout the state.

b. Providing leadership and fostering communication and collaboration throughout the state among AAAs and legal assistance providers.

2. AAAs are to:

a. Select as their legal assistance provider the entity that is best able to provide the targeted legal services. If AAA contracts with same legal provider as another AAA, agencies should coordinate with each other to ensure uniform contract standards and reporting and engage in joint planning so that the legal provider is not burdened with conflicting requirements across multiple contracts.

b. If AAA does not contract directly for legal services, but subcontracts through local entities, AAA is responsible for a coordinated area wide approach to legal services that meets these standards.

c. Assure that legal programs are adequately funded in accordance with federal and state requirements and that legal assistance services are available throughout the Planning and Service Area.

d. Engage in joint-planning and cross-training efforts with the legal assistance providers.

e. Ensure legal assistance providers an integral part of the AAAs advocacy efforts.

f. Develop and maximize the use of other resources to expand the provision of legal assistance, with emphasis on partnering with the statewide Senior Legal Helpline.

3. Providers:

a. Providers must be licensed in accordance with Chapter 454.021, Florida Statutes.

b. If not a Legal Services Corporation (LSC) project grantee, coordinate services with existing LSC in the region.

c. Engage in joint-planning and cross-training efforts with the aging network.

d. Ensure high quality, cost-effective and high-impact services are delivered.

e. Provide the full scope of services and limited representation as appropriate in applicable Florida and Federal courts and administrative forums.

f. Demonstrate capacity and expertise in major priority categories or areas of law that affect the target populations.

g. Develop and maximize the use of other resources to expand the provision of legal assistance, with emphasis on partnering with the statewide Senior Legal Helpline.

E. RECORD KEEPING AND REPORTING REQUIREMENTS:

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

2. CIRTS reporting requirements are below. ↓

CIRTS REPORTING REQUIREMENTS				
PROGRAM	**SERVICE**	**REPORTING OF SERVICES**	**OAA CLIENT REQUIREMENTS**	**MAX UNITS**
CCE	LEG	MONTHLY AGGREGATE REPORTING	NO CLIENT RECORD	9999
LSP	LEG	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
OA3B	LEG	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
OA3EG (GRANDPARENT)	LEG	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
OA3ES (SUPPLEMENTAL)	LEG	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999

THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK

PROGRAM FUNDING SOURCE(S): CCE, HCE, LSP, OAAIIIB, OAAIIIES

PROGRAM AUTHORITY:

Program Funding	Specific Authority
Rulemaking	**Section 430.08, F.S.**
CCE	**Sections 430.201-207, F.S.**
HCE	**Sections 430.601-608, F.S.**
LSP	**Specific Appropriations**
OAAIIIB	**Older Americans Act, Title III, Part B, Section 321, (a)(1), (4), (5) 42 U.S.C. 3030d**
OAAIIIE	**Older Americans Act, Title III, Part E**

A. DESCRIPTION: Material aid is defined as:

1. Goods or food such as direct distribution of commodities, surplus food, clothing, smoke detectors, eyeglasses, hearing aids, security devices, etc.;

2. Food item(s) necessary for the health, safety or welfare. This may include condiments or paper products necessary for food consumption and delivery charges. Alcohol, drugs and tobacco products are excluded;

3. Repair, purchase, delivery and installation of any household appliance to assist with household tasks necessary for the health, safety, or welfare of the person;

4. The purchase of materials necessary to perform chore or enhanced chore services (refer to chore and enhanced chore services); and

5. The purchase of construction materials necessary to perform housing improvements, alterations and repairs (refer to housing improvement service).

B. DELIVERY STANDARDS/SPECIAL CONDITIONS: The issuance of commodities shall be done in cooperation with Florida Department of Agriculture's Temporary Emergency Food Assistance Program.

C. PROVIDER QUALIFICATIONS: The provider qualifications are commensurate with the products or services being provided.

D. RECORD KEEPING AND REPORTING REQUIREMENTS:

1. Unit of Service: An episode is one contact where goods, food or assistance is given to a client.

2. CIRTS reporting requirements are below. ↓

CIRTS REPORTING REQUIREMENTS				
PROGRAM	**SERVICE**	**REPORTING OF SERVICES**	**OAA CLIENT REQUIREMENTS**	**MAX UNITS**
CCE	MATE	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
HCE	MATE	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
HCE	MATV	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
LSP	MATE	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
OA3B	MATE	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
OA3ES (SUPPLEMENTAL)	MATE	MONTHLY AGGREGATE REPORTING BY CLIENT	MONTHLY AGGREGATE REPORTING BY CLIENT	9999

THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK

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.

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

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.

THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK

PROGRAM FUNDING SOURCE(S): ADI

PROGRAM AUTHORITY:

Program Funding	Specific Authority
Rulemaking	**Section 430.08, F.S.**
ADI	**Sections 430.501-504, F.S.**

A. DESCRIPTION: Model day care is defined as a program of therapeutic, social and health activities specific to clients with memory disorders. Services and activities include, but are not limited to, active and quiet games, reminiscence, validation therapy, pet therapy, water therapy and other failure free activities appropriate to the client's level of functioning. Model day care centers shall also provide training for health care and social service personnel in the care of persons having Alzheimer's disease or related memory disorders.

B. DELIVERY STANDARDS/SPECIAL CONDITIONS:

1. Model day care services shall be made available to clients by providers for four-to-eight hours per day, one-to-five days a week. In some cases, model day care services may be offered on weekends.

2. A staff to client ratio of 1 to 3 shall be maintained at all times. Trained volunteers may be considered in meeting the 1 to 3 ratio. Training and support for caregivers is provided to assist them in coping with Alzheimer's disease. Model day care centers shall provide at least three of the specialized services listed in the service definition.

3. Incontinence alone shall not preclude a client from participating in a model day care program.

4. Model day care centers shall offer support programs for family members attempting to cope with the effects of memory disorders.

5. Each center shall provide a setting for conducting research with the memory disorder clinics.

6. Staff and volunteers who provide model day care service shall receive at least 30 hours of instruction in the following areas:

a. Health problems and care of aged persons;

b. Dealing with behaviors characteristic of memory disorders;

c. Basic personal care procedures;

d. First aid and handling of emergencies;

e. Medical record keeping, policies and procedures; and

f. Medical, psychological, social and physiological changes of clients with memory disorders.

C. PROVIDER QUALIFICATIONS:

1. Model day care centers shall be licensed by the Agency for Health Care Administration in accordance with Chapter 429, Part III, Florida Statutes, and Chapter 58A-6, Florida Administrative Code.

2. Model day care centers shall be affiliated with the memory disorder clinic assigned to the service area where the model day care center is located, in accordance with Chapter 430.502(4), Florida Statutes.

D. RECORD KEEPING AND REPORTING REQUIREMENTS:

1. **Unit of Service:** One hour of actual client attendance at the model day care center is one unit of service. Actual client attendance is defined as the period between the time of arrival and the time of departure from the day care center.

2. Hours of daily attendance shall exclude transportation time to and from the center. The cost of the transportation is not to be included in the unit rate, and shall be billed separately.

3. Meals cannot be counted as congregate meal units if included in the cost of the service.

4. Model day care centers should participate in the Child and Adult Care Food Program and receive cash supplements for meals and snacks that meet USDA guidelines. Model day care centers may not, however, receive benefits or reimbursements through the Child and Adult Care Food Program for meals served with Older Americans Act, Title IIIC funds.

5. Each meal shall meet the following criteria:

a. Comply with the current dietary guidelines for Americans published by the secretaries of the U.S. Department of Health and Human Services and the U.S. Department of Agriculture.

b. Provide 1/3 of the dietary reference intake/adequate intake for an age 70+ female as established by the Food and Nutrition Board of National Academy of Sciences.

c. Follow the menu development procedures as described in the service description under “Congregate Meals.”

d. Centers participating in the Child and Adult Food Care Program must follow the Child and Adult Food Care Program menu requirements.

6. Model day care centers shall maintain the following records:

a. A daily attendance log of all participants;

b. Weekly nursing and progress notes for all clients in the program;

c. All orders for medication, record of medication administration and modified diets;

d. Documentation of training provided to model day care staff and health care/social service personnel and caregivers who are not employees of the center; and

e. A record of co-payments and contributions received.

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

CIRTS REPORTING REQUIREMENTS				
PROGRAM	**SERVICE**	**REPORTING OF SERVICES**	**OAA CLIENT REQUIREMENTS**	**MAX UNITS**
ADI	MDC	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	310

THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK

PROGRAM FUNDING SOURCES: CCE, HCE, LSP, OAAIIIB, OAAIIIC1, OAAIIIC2, OAAIIIC3, OAAIIID

PROGRAM AUTHORITY:

Program Funding	Specific Authority
Rulemaking	Section 430.08, F.S.
CCE	Sections 430.201-207, F.S.
HCE	Sections 430.601-608, F.S.
LSP	Specific Appropriations
OAAIIIB	Older Americans Act, Title III, Part B, Section 321 42 U.S.C. 3030d
OAAIIIC1	Older American Act, Title III, Part C 42 U.S.C. 3030e
OAAIIIC2	Older Americans Act, Title III, Part C, Subpart 2, Sections 336, 337 42 U.S.C. 3030f, g
OAAIIIC3	Older American Act, Title III, Part C, Subpart 3, Section 339
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)
Food Handling	Chapter 64E-11, Florida Administrative Code (F.A.C.)

PROGRAM AUTHORITY (continued)**:**

Program Funding	Specific Authority
Nutrition Counseling	**Section 468.516, F.S.** **Chapter 64B8-44.007, F.A.C.**
Dietary Guidelines	**http://www.health.gov/dietaryguidelines/**
Food Pyramid Guide	**http://www.usda.gov/cnpp/pyrabklt.pdf** **http://www.msdssearch.com/DBLinksN.htm**
Material Safety Data Sheets	**Occupation Safety and Health Administration (OAHA) 1910.1200(G)**
Public Law 101-445,	**The National Nutrition Monitoring and Related Research Act of 1990 http://uscode.house.gov**

THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK

A. DESCRIPTION: The purpose of the elderly nutrition program is to:

1. Reduce hunger and food insecurity. (Food insecurity occurs when an individual has a limited or uncertain availability of nutritionally adequate and safe food or ability to acquire acceptable foods in socially acceptable ways.);

2. Promote socialization; and

3. Promote health and well-being of older individuals by assisting them in gaining access to nutrition and other disease prevention and health promotion services. The intent is to delay the onset of adverse health conditions resulting from poor nutritional health or sedentary behavior.

4. Nutrition services to older clients at community dining centers or in their homes include the following:

a. Procurement, preparation, transportation and service of meals;

b. Nutrition counseling; and

c. Nutrition education.

5. Elderly nutrition programs objectives are to:

a. Prevent malnutrition and promote good health behaviors through participant nutrition education, nutrition screening and intervention;

b. Serve wholesome, delicious meals that are safe and have good quality, through the promotion and maintenance of high food safety and sanitation standards;

c. Promote or maintain coordination with other nutrition-related supportive services for older adults; and

d. Target older adults who have the greatest economic or social need with particular attention to low-income minority and rural clients.

PROGRAM FUNDING SOURCES: LSP, OAAIIIC1

A. PROGRAM DESCRIPTION:

1. Congregate meals provide eligible persons with nutritionally sound meals, particularly those in greatest economic and social need, low-income minorities, and those at nutritional risk.

2. These meals are provided and served in strategically located centers such as schools, churches, community centers, senior centers, and other public or private facilities where persons may obtain other social and rehabilitative services. Center site selection should attempt to offer services to varying age groups to promote interaction between the ages.

3. In addition to promoting better health among elders through improved nutrition, the program's focus is to reduce the isolation of aging and offer elders the opportunity to live their lives with dignity.

B. DELIVERY STANDARDS/SPECIAL CONDITIONS:

1. Persons receiving congregate meals shall meet eligibility requirements established by the Older Americans Act, as amended.

2. Eligible persons include:

a. Individuals age 60 or older;

b. Any spouse who attends the dining center with his/her spouse who is age 60 or older;

c. Persons with a disability, regardless of age, who reside in a housing facility occupied primarily by older individuals where congregate nutrition services are provided;

d. Disabled persons who reside at home with and accompany an eligible person to the dining center; and

e. Volunteers, regardless of age, who provide essential services on a regular basis during meal hours.

3. Each meal provided must meet the following criteria:

a. Follow the menu development procedures described in Chapter 4 which ensure compliance with the current Dietary Guidelines for Americans published by the secretaries of the Department of Health and Human Services and the Department of Agriculture;

b. Provide a minimum of 1/3 of the dietary reference intakes/adequate intake for an age 70+ female as established by the Food and Nutrition Board of the National Academy of Sciences; and

c. Ensure that all meal sites offering a buffet style meal service have at least the following:

i. Measured serving utensils for each menu item;

ii. Posted menu near the serving line;

iii. Menu analysis conducted on the buffet style meal indicating it meets the menu requirements available for participant review, and

iv. Staff/volunteers to man the buffet and encourage healthy eating habits and portions.

THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK

C. PROVIDER QUALIFICATIONS:

1. Congregate meals shall be provided by organizations that have demonstrated the following:

a. Ability to provide meals efficiently and reasonably; and

b. Provide assurances that the organization will maintain efforts to solicit voluntary support and not supplant non-federal funds.

2. Providers shall be awarded congregate meal contracts through a competitive solicitation process that includes evaluation of experience in providing services to older persons.

3. Persons qualified by training and experience shall be designated to provide the services in accordance with federal, state, and local food handling and food safety requirements.

D. RECORD KEEPING AND REPORTING REQUIREMENTS:

1. **Unit of Service:** One meal.

2. **Documentation:** The provider shall maintain the following documents:

a. Locally required fire marshal safety inspection (if applicable)

b. Food permit if applicable, the current food permit and or inspection report issued by the department of Health, or Business and Professional Regulation or Agriculture

c. Quarterly site inspection using the Nutrition Program Compliance Review form.

d. Records on each participant that verifies eligibility;

e. Approved menus with appropriate documentation;

f. Daily food temperature logs;

g. Documentation, with justification, of all menu substitutions and comprehensive menu substitution policies and procedures;

h. Documentation of nutrition education provided; and

i. Documentation of employee and volunteer training.

3. Meals served to participants shall be included in the Nutrition Services Incentive Program (NSIP) meal count according to NSIP requirements.

4. CIRTS reporting requirements are below. ↓

CIRTS REPORTING REQUIREMENTS				
PROGRAM	**SERVICE**	**REPORTING OF SERVICES**	**OAA CLIENT REQUIREMENTS**	**MAX UNITS**
LSP	CNML	MONTHLY AGGREGATE REPORTING	ZERO UNIT ENTRY REQUIRED ANNUALLY	50000
NDP*	CNML	MONTHLY AGGREGATE REPORTING	ZERO UNIT ENTRY REQUIRED ANNUALLY	50000
O3C1	CNML	MONTHLY AGGREGATE REPORTING	ZERO UNIT ENTRY REQUIRED ANNUALLY	50000
O3C1	CNMLP (PRIVATE PAY)	MONTHLY AGGREGATE REPORTING	ZERO UNIT ENTRY REQUIRED ANNUALLY	50000

* Used to reconcile NSIP reimbursement when funding is provided by a non-DOEA means. An example would be the United Way.

THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK

PROGRAM FUNDING SOURCES: LSP, OAAIIIC1

A. PROGRAM DESCRIPTION: Screening is the completion of a DOEA Form 701C assessment for congregate meals or nutrition counseling for applicants or recipients. This is for both new clients and for clients receiving an annual reassessment. This may include referral and follow-up if needed.

B. DELIVERY STANDARDS/SPECIAL CONDITIONS: Anyone who is an applicant or eligible for congregate meals or nutrition counseling is eligible for this service.

C. PROVIDER QUALIFICATIONS: Meal site manager or designee who has received training and certification on the DOEA assessment instrument 701C and received a score of at least 80% on the post-training test.

D. RECORD KEEPING AND REPORTING REQUIREMENTS:

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

2. Records shall be kept which will assist the provider in identifying appropriate referrals and gaps in services.

3. CIRTS reporting requirements are below. ↓

CIRTS REPORTING REQUIREMENTS				
PROGRAM	**SERVICE**	**REPORTING OF SERVICES**	**OAA CLIENT REQUIREMENTS**	**MAX UNITS**
LSP	NTSC	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
O3C1	NTSC	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999

PROGRAM FUNDING SOURCES: CCE, OAAIIIC2, HCE, LSP

A. PROGRAM DESCRIPTION: Home delivered meals provide eligible persons with nutritionally sound meals. Emphasis is placed on serving elders who are at greatest economic and social need, low-income minorities, and those who are at nutritional risk.

B. DELIVERY STANDARDS/SPECIAL CONDITIONS:

1. Eligible persons include:

a. Individuals age 60 or older who are homebound by reason of illness, disability or isolation;

b. The recipient's spouse of a homebound eligible individual, regardless of age, if the provision of the collateral meal supports maintaining the person at home;

c. Individuals with disabilities, regardless of age, who reside at home with eligible individuals and are dependent on them for care; and

d. Persons at nutritional risk who have physical, emotional or behavioral conditions, which would make their presence at the congregate site inappropriate; and persons at nutritional risk who are socially or otherwise isolated and unable to attend a congregate nutrition site.

2. Each meal provided must meet the following criteria:

a. Follow the menu development procedures described in Chapter 4 which ensure compliance with the current Dietary Guidelines for Americans published by the secretaries of the Department of Health and Human Services and the Department of Agriculture; and

b. Provide a minimum of 1/3 of the dietary reference intakes/adequate intake for an age 70+ female as established by the Food and Nutrition Board of the National Academy of Sciences, if developed through nutrient analysis.

3. **Safe and Sanitary Handling:** All nutrition programs shall maintain facility and services in accordance with Chapter 64-11, Florida Administrative Code. These regulations outline all the requirements that ensure the safe and sanitary methods of food procurement, production, protections and distribution. Nutrition programs are responsible for adherence to Chapter 64E-11, Florida Administrative Code and at a minimum must have equipment that maintains the safe and sanitary handling of all menu items during the time period between the completion of the cooking process through the end of the serving and delivery period.

   a. The time span between the completion of food preparation and the delivery to the homebound client should, to the extent possible, not exceed four (4) hours.

   b. All hot home delivered meals for the noon meal shall be delivered to the client no earlier than 10:30 a.m. and no later than 2:30 p.m.

   c. All food shall be individually packaged in a material that promotes appropriate temperature retention.

   d. Cold and hot food shall be packaged and packed separately.

   e. Food utensils shall be completely wrapped or packaged to protect them from contamination.

   f. Food containers should be sectioned so that food does not mix, leak or spill.

   g. All food shall be packed in secondary insulated food carriers that are capable of maintaining food temperatures at 140º F. or higher or at 41º F. or lower.

   h. Food carriers should be enclosed to protect food from contamination, crushing or spillage and be equipped with insulation and/or supplemental sources of heat and/or cooling as necessary to maintain safe temperatures.

   i. Food carriers must be constructed as to prevent food contamination by dust, insects, animals, vermin or infection.

j. Food carriers must be clean and sanitized or use carriers with inner liners that can be sanitized.

k. Temperatures of all hot and cold potentially hazardous food items must be documented at delivery for each provider at least monthly for each county. Whenever temperature non-compliance is identified, weekly temperatures must be documented until corrective action has been achieved.

l. Appropriate temperatures of potentially hazardous food items must be maintained prior to serving a client the meal; however at no time should potentially hazardous cooked food be maintained at excessively high temperatures. Food items maintained at excessively high temperatures lose their nutritional and aesthetic value.

4. **Frozen Meals:** When frozen meals are delivered to participants, the temperature shall be a maximum of 20º F or the food shall be frozen solid. The nutrition provider shall complete a DOEA form 217 for each participant to ensure that:

a. The participant or caregiver has the needed equipment in the home (electricity, a stove with a working oven, a working microwave oven, or a working toaster oven, and a freezer to store the meals);

b. The participant or caregiver has both the physical and mental capability to follow cooking directions and use the equipment;

c. The frozen meals are dated and clearly labeled. Instructions for storage and cooking shall be provided in large print.;

d. The importance of following meal preparation directions shall be emphasized to clients on a regular, on-going basis; and

e. Participants who may be unable to follow the instructions should not receive frozen meals in the home.

More than one meal may be delivered each day, provided proper storage and heating facilities are available in the home (as evidenced by a completed DOEA Form 217) and the participant is able to consume the second meal independently or with available assistance and within the expiration date indicated on the meal.

5. **Cold Meals:** When cold meals are delivered to participants, the temperature shall be a maximum of 41º F. For cold meals that require reheating for consumption, the nutrition provider shall complete a DOEA Form 217 for each participant to ensure that:

a. The participant or caregiver has the needed equipment in the home (such as a stove with a working oven, a working microwave oven, or a working toaster oven);

b. The participant or caregiver has both the physical and mental capability to follow cooking directions and use the equipment;

c. The expiration date is clearly labeled on the meal. Instructions for storage and cooking shall be provided in large print;

d. The importance of following meal preparation directions shall be emphasized to clients on a regular, on-going basis; and

e. Participants who may be unable to follow the instructions should not receive cold meals that require reheating for consumption in the home.

More than one meal may be delivered each day, provided proper storage and heating facilities are available in the home (as evidenced by a completed DOEA Form 217) and the participant is able to consume the second meal independently or with available assistance and within the expiration date indicated on the meal.

C. PROVIDER QUALIFICATIONS: Home delivered meals shall be delivered by organizations that have demonstrated the following:

1. Ability to deliver meals to the participants' homes efficiently and reasonably; and

2. Provide assurances that the organization shall maintain efforts to solicit voluntary support and not supplant non-federal funds.

3. Providers shall be awarded home delivered meal agreements through a competitive solicitation process that includes evaluation of experience in providing services to older clients.

4. Persons qualified by training and experience shall be designated to provide the services in accordance with federal, state and local food handling and food safety requirements.

D. RECORD KEEPING AND REPORTING REQUIREMENTS:

1. Unit of Service: One meal

2. Temperature Checks:

a. Temperature of all hot and cold potentially hazardous food items must be monitored at delivery for each provider at least monthly for each county. Whenever temperature non-compliance is identified, weekly temperatures must be monitored until corrective action has been achieved.

b. If multiple providers serve meals in a county, then each provider shall fulfill this requirement.

c. Temperature checks shall be monitored for each route on a random and rotating basis to ensure that all potentially hazardous food is served at the proper temperature.

d. Whenever temperature non-compliance is identified, weekly temperatures must be monitored until corrective action has been achieved.

e. Documentation of these temperature checks shall be maintained by providers and monitored by the area agencies on aging.

f. Thermometers should be calibrated weekly.

3. Meals served to participants shall be included in the Nutrition Services Incentive Program (NSIP) meal count according to NSIP requirements.

4. If the AAA has a blended rate for home delivered meals that reflects the cost of a hot meal and the cost of a frozen meal, the following codes are available to distinguish between the two: HDMH (hot) and HDMF (frozen). These codes were set up to avoid the use of "blended" rates when the same provider is authorized to provide meals that have different rates.

5. To assist the department in tracking expenditures for CCE-funded emergency shelf stable meals, it is necessary for AAAs to use the CIRTS code, CCE: EHDM - Emergency Home Delivered Shelf Meals. This code should be used for aggregate reporting to record the number of meals distributed.

NOTE: For HCE program clients, the file must document why the caregiver cannot perform preparation of meals.

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

CIRTS REPORTING REQUIREMENTS				
PROGRAM	**SERVICE**	**REPORTING OF SERVICES**	**OAA CLIENT REQUIREMENTS**	**MAX UNITS**
CCE	HDM	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100000
CCE	HDMF	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100000
CCE	HDMH	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100000
CCE	EHDM	MONTHLY AGGREGATE REPORTING	N/A	50,000
HCE	HDM	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
HCE	HDMV	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100000
LSP	HDM	MONTHLY AGGREGATE REPORTING	ZERO UNIT ENTRY REQUIRED ANNUALLY	100000
LSP	HDMF	MONTHLY AGGREGATE REPORTING	ZERO UNIT ENTRY REQUIRED ANNUALLY	100000
LSP	HDMH	MONTHLY AGGREGATE REPORTING	ZERO UNIT ENTRY REQUIRED ANNUALLY	100000
NDP*	HDM	MONTHLY AGGREGATE REPORTING	ZERO UNIT ENTRY REQUIRED ANNUALLY	100000
O3C2	HDM	MONTHLY AGGREGATE REPORTING	ZERO UNIT ENTRY REQUIRED ANNUALLY	10000
O3C2	HDMP (PRIVATE PAY)	MONTHLY AGGREGATE REPORTING	ZERO UNIT ENTRY REQUIRED ANNUALLY	10000
O3C2	HDMF	MONTHLY AGGREGATE REPORTING	ZERO UNIT ENTRY REQUIRED ANNUALLY	100000
O3C2	HDMH	MONTHLY AGGREGATE REPORTING	ZERO UNIT ENTRY REQUIRED ANNUALLY	100000

*Used to reconcile NSIP reimbursement when funding is provided by non-DOEA means. An example is the United Way.

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.

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.

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. 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 SOURCES: LSP, OAAIIIC1, OAAIIIC2

A. PROGRAM DESCRIPTION:

Nutrition education provides accurate and culturally sensitive information regarding the following topics:

1. Food;

2. Nutrients;

3. Diets;

4. Lifestyle factors;

5. Physical fitness and health (as it relates to nutrition); and

6. Community nutrition resources and services to participants and caregivers to improve their nutritional status.

B. DELIVERY STANDARDS/SPECIAL CONDITIONS:

1. Nutrition education shall be planned and directed by a Florida licensed dietitian and/or licensed registered dietitian (Chapter 468.504, Florida Statutes). Cooperative extension agents or trained meal site or wellness coordinators, under the direction of the licensed dietician and/or licensed registered dietitian, may provide such education activities. Documentation of persons trained must be maintained.

2. Nutrition education is provided at each site and distributed to each home delivered meal client a minimum of once a month.

3. Congregate sessions shall be a minimum of 15 minutes in length.

4. The provider's licensed dietitian and/or licensed registered dietitian shall develop a written annual nutrition education plan that documents subject matter, presenters and materials to be used. The AAA may develop a single educational curriculum, which may be used by multiple sites.

5. Nutrition program licensed dietitian and/or licensed registered dietitian, shall ensure that the nutrition education content and materials are developed consistent with the nutritional needs, literacy levels and vision and hearing capacities, as well as the multi-cultural composition of participants.

6. **Documentation:** Each nutrition service provider shall maintain written documentation for monitoring purposes that includes the date of the presentation, name and title of presenter, lesson plan or curriculum, and the number of persons in attendance. The documentation requirement for materials delivered to homebound participants shall include the date of distribution, copy of distributed material, and number of participants receiving the information.

7. **Provider Qualifications:** A licensed dietitian and/or licensed registered dietitian shall develop or coordinate, review and approve nutrition education content and materials prior to presentation. Coordination shall include, at a minimum, the following:

a. Selection of topics and trainers;

b. Review or provide materials to be used for nutrition education; and

c. Training of persons who will conduct nutrition education, if applicable.

C. RECORD KEEPING AND REPORTING REQUIREMENTS:

1. **Unit of Service:** Each nutrition education session participant counts as a unit of service.

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

CIRTS REPORTING REQUIREMENTS				
PROGRAM	**SERVICE**	**REPORTING OF SERVICES**	**OAA CLIENT REQUIREMENTS**	**MAX UNITS**
LSP	NTED	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
O3C1	NTED	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
O3C2	NTED	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999

PROGRAM FUNDING SOURCE(S): CCE, HCE, LSP, OAAIIIB

PROGRAM AUTHORITY:

Program Funding	Specific Authority
Rulemaking	Section 430.08, F.S.
CCE	Sections 430.201-207, F.S.
HCE	Sections 430.601-608, F.S.
LSP	Specific Appropriations
OAAIIIB	Older Americans Act, Title III, Part B, Section 321, (a)(11), (23) 42 U.S.C. 3030d

A. DESCRIPTION: Occupational therapy services are provided to produce specific functional outcomes in self-help, adaptive and sensory motor skill areas, and assist the client to control and maneuver within the environment. The service shall be prescribed by a physician. It may include an occupational therapy assessment that does not require a physician's prescription. In addition, this service may include training direct care staff and caregivers and monitoring those clients to ensure they are carrying out therapy goals correctly.

B. DELIVERY STANDARDS/SPECIAL CONDITIONS:

1. These services may be provided in the therapist's office, in the residence, or other appropriate locations in the community.

2. A registered occupational therapist and occupational assistant practitioner shall abide by American Occupational Therapy Association (AOTA) standards of practice for occupational therapy.

C. PROVIDER QUALIFICATIONS: The occupational therapist and occupational therapist assistant shall be currently licensed in the state pursuant to Chapter 468, Florida Statutes, with one year of experience. Duties of the occupational therapist assistant shall be directed by the licensed occupational therapist and shall not exceed those outlined in the Chapter 59A-8.0185, Florida Administrative Code.

D. RECORD KEEPING AND REPORTING REQUIREMENTS:

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

2. The registered occupational therapist shall develop and document an intervention plan that is based on the results of the evaluation and the desires and expectations of the client and/or the client's caregiver or representative.

3. A clinical record shall be kept for each client.

4. CIRTS reporting requirements are below. ↓

CIRTS REPORTING REQUIREMENTS				
PROGRAM	**SERVICE**	**REPORTING OF SERVICES**	**OAA CLIENT REQUIREMENTS**	**MAX UNITS**
CCE	OCTH	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
HCE	OCTH	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
HCE	OCTV	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
LSP	OCTH	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
OA3B	OCTH	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999

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

PROGRAM AUTHORITY:

Program Funding	Specific Authority
Rulemaking	**Section 430.08, F.S.**
CCE	**Sections 430.201-207, F.S.**
HCE	**Sections 430.601-608, F.S.**
LSP	**Specific Appropriations**

A. DESCRIPTION: Other services is a miscellaneous category for goods or services not defined elsewhere, necessary for the health, safety or welfare of the person.

B. DELIVERY STANDARDS/SPECIAL CONDITIONS: Other services may be provided only when there is no available alternative to accomplish the service or supply the goods. Prior approval shall be obtained from the AAA.

C. PROVIDER QUALIFICATIONS:

1. The provider qualifications are commensurate with the products or services being provided.

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

CIRTS REPORTING REQUIREMENTS				
PROGRAM	**SERVICE**	**REPORTING OF SERVICES**	**OAA CLIENT REQUIREMENTS**	**MAX UNITS**
CCE	OTH	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
HCE	OTH	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
HCE	OTHV (VENDOR)	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
LSP	OTH	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
NDP	OTH	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100

THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK

PROGRAM FUNDING SOURCE(S): AC, LSP, OAAIIIB, OAAIIIC1, OAAIIIC2, OAAIIIE, OAAIIIEG

PROGRAM AUTHORITY:

Program Funding	Specific Authority
AC	**AmeriCorps National Service Volunteer Program**
LSP	**Specific Appropriations**
OAAIIIB	**Older Americans Act, Title III, Part B, Section 321, (c) 42 U.S.C. 3030d**
OAAIIICI	**Older Americans Act, Title III, Part C, Subpart 1, Section 331 42 U.S.C. 3030e**
OAAIIIC2	**Older Americans Act, Title III, Part C, Subpart 2, Sections 336, 337 42 U.S.C. 3030m, n**
OAAIIIE	**Older Americans Act, Title III, Part E**

A. DESCRIPTION: Outreach is an access service and is a required service or function in Title IIIB and Title IIIC. Outreach is defined as a face-to-face, one-to-one intervention with clients initiated by the agency for the purpose of identifying potential clients or caregivers and encouraging their use of existing and available resources.

B. DELIVERY STANDARDS/SPECIAL CONDITIONS:

1. Group contact is not outreach. Outreach efforts shall take place in highly visible public locations or in neighborhoods identified for visiting or canvassing. Title III of the Older Americans Act requires outreach to older clients with greatest economic and social need, with particular attention to low-income minority and older clients residing in rural areas.

2. Outreach activities cannot be counted for clients already receiving any Older Americans Act services or other DOEA funded services. Contact shall be initiated by the outreach worker, not by the client.

C. PROVIDER QUALIFICATIONS:

1. Outreach services are provided by paid or volunteer staff of the designated lead agency, or as otherwise approved by the AAA. Minimum education requirements for outreach workers include a high school diploma or GED. Job-related experience may be substituted for a high school diploma or GED upon approval of the AAA. Outreach staff shall be knowledgeable about local resources.

2. If the service is provided through the AmeriCorps program, volunteers must meet the AmeriCorps program requirements.

D. RECORD KEEPING AND REPORTING REQUIREMENTS:

1. **Unit of Service:** An episode of outreach is one-on-one, face-to-face, contact with an older individual who is not receiving any DOEA funded services.

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

CIRTS REPORTING REQUIREMENTS				
PROGRAM	**SERVICE**	**REPORTING OF SERVICES**	**OAA CLIENT REQUIREMENTS**	**MAX UNITS**
ACP	OTR	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
LSP	OTR	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
OA3B	OTR	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
O3C1	OTR	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
O3C2	OTR	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
OA3E	OTR	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
OA3EG (GRANDPARENT)	OTR	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999

THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK

PROGRAM FUNDING SOURCE(S): CCE, HCE, LSP, OAAIIIB

PROGRAM AUTHORITY:

Program Funding	Specific Authority
CCE	Sections 430.201-207, F.S.
HCE	Sections 430.601-608, F.S.
LSP	Specific Appropriations
OAAIIIB	Older Americans Act, Title III, Part B, Section 321, (a)(5) 42 U.S.C. 3030d

A. DESCRIPTION:

1. Personal care is primarily the provision of assistance with eating, dressing, personal hygiene and other activities of daily living. This service may also include other tasks that are incidental to the care provided. Assistance with meal preparation and housekeeping chores, such as bed making, dusting and vacuuming are examples of these secondary services.

2. Personal care can include accompanying the client to clinics, physician office visits, or trips for the purpose of health care, provided the client does not require special medical transportation. Personal care can also include shopping assistance to purchase food, clothing and other items needed for the client's personal care needs.

THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK

B. DELIVERY STANDARDS/SPECIAL CONDITIONS:

1. For the Home Care for the Elderly program, personal care shall be provided only when the caregiver is unable to provide the service.

2. Personal care may be provided by home health aides or certified nursing assistants (refer to home health aide services), but does not substitute for the medical care usually provided by a registered or licensed practical nurse or therapist, home health aide or certified nursing assistant. Personal care does not include the performance of simple procedures as an extension of therapy or nursing services and assistance with self-administered medication. Services provided shall be specified in a written service agreement and essential to the needs of the client rather than the client's family.

C. PROVIDER QUALIFICATIONS:

1. This service shall be provided in compliance with the regulation of the home health agencies in Chapter 400, Part IV, Florida Statutes, and Chapter 59A-8, Florida Administrative Code. Services are provided by persons employed by agencies licensed or exempt under Chapter 400.464, Florida Statutes, or independent vendors in compliance with Chapter 400, Part IV Florida Statutes, and Chapter 59A-8, Florida Administrative Code. Per Chapter 400.464(5)(b)(1), Florida Statutes, home health services provided by DOEA either directly or through a contractor, are exempt from home health agency licensing.

2. Personal care assistants shall meet background screening requirements in accordance with Chapter 400.512, Florida Statutes, and Chapter 59A-8.004(10) and (11), Florida Administrative Code.

3. Supervision by a registered nurse in the home shall be in accordance with Chapter 400.487(3), Florida Statutes. Supervision is at the election and approval of the client.

THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK

D. RECORD KEEPING AND REPORTING REQUIREMENTS:

1. **Unit of Service:** One hour of direct service with a client.

2. Personal care providers shall maintain a chronological written record of services and report any unusual incidents or changes in the client's appearance or behavior.

3. For the Home Care for the Elderly program, the client file must document why the caregiver is unable to perform the service.

4. CIRTS reporting requirements are below. ↓

CIRTS REPORTING REQUIREMENTS				
PROGRAM	**SERVICE**	**REPORTING OF SERVICE**	**OAA CLIENT REQUIREMENTS**	**MAX UNITS**
CCE	PECA	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
HCE	PECA	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
HCE	PECV	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
LSP	PECA	MONTHLY AGGREGATE REPORTING	ZERO UNIT ENTRY REQUIRED ANNUALLY	9999
OA3B	PECA	MONTHLY AGGREGATE REPORTING	ZERO UNIT ENTRY REQUIRED ANNUALLY	9999

THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK

PROGRAM FUNDING SOURCE(S): CCE

PROGRAM AUTHORITY:

Program Funding	Specific Authority
CCE	Sections 430.201-207, F.S.

A. DESCRIPTION:

Enhanced initial pest control services assists in ridding the environment of insects and other potential carriers of disease and enhances the safety, sanitation and cleanliness for recipients. Initiation covers start up costs. This service is beyond the scope of pest control initiation due to the greater effort required.

B. DELIVERY STANDARDS/SPECIAL CONDITIONS:

This service must be necessary to enhance the safety, sanitation and cleanliness of the elder's home.

C. PROVIDER QUALIFICATIONS:

This service shall be provided by a licensed and insured company or individual in accordance with Chapter 482, Florida Statutes.

D. RECORD KEEPING AND REPORTING REQUIREMENTS:

1. **Unit of Service:** An episode of enhanced initial treatment may consist of more than one application.

2. CIRTS reporting requirements are below. ↓

CIRTS REPORTING REQUIREMENTS				
PROGRAM	SERVICE	REPORTING OF SERVICES	OAA CLIENT REQUIREMENTS	MAX UNITS
CCE	EPECI (INITIAL)	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100

PROGRAM FUNDING SOURCE(S): CCE

PROGRAM AUTHORITY:

Program Funding	**Specific Authority**
CCE	**Sections 430.201-207, F.S.**

A. DESCRIPTION: Initial pest control services assists in ridding the environment of insects and other potential carriers of disease and enhances the safety, sanitation and cleanliness for recipients. Initiation covers start up costs.

B. DELIVERY STANDARDS/SPECIAL CONDITIONS: Pest control services must be necessary to enhance the safety, sanitation and cleanliness of the elder's home.

C. PROVIDER QUALIFICATIONS: This service shall be provided by a licensed and insured company or individual in accordance with Chapter 482, Florida Statutes.

D. RECORD KEEPING AND REPORTING REQUIREMENTS:

1. Unit of Service: An episode of initial treatment may consist of more than one application.

2. CIRTS reporting requirements are below. ↓

CIRTS REPORTING REQUIREMENTS				
PROGRAM	**SERVICE**	**REPORTING OF SERVICES**	**OAA CLIENT REQUIREMENTS**	**MAX UNITS**
CCE	PECI (INITIAL)	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100

PROGRAM FUNDING SOURCE(S): CCE

PROGRAM AUTHORITY:

Program Funding	**Specific Authority**
CCE	**Sections 430.201-207, F.S.**

A. DESCRIPTION: Pest control maintenance services assist in ridding and maintaining the environment free of insects and other potential carriers of disease and enhances the safety, sanitation and cleanliness for recipients.

B. DELIVERY STANDARDS/SPECIAL CONDITIONS: Pest control services must be necessary to enhance the safety, sanitation and cleanliness of the elder's home.

C. PROVIDER QUALIFICATIONS: This service shall be provided by a licensed and insured company or individual in accordance with Chapter 482, Florida Statutes.

D. RECORD KEEPING AND REPORTING REQUIREMENTS:

1. Unit of Service: Episode. Maintenance consists of a maximum of one application per month.

2. CIRTS reporting requirements are below. ↓

CIRTS REPORTING REQUIREMENTS				
PROGRAM	**SERVICE**	**REPORTING OF SERVICES**	**OAA CLIENT REQUIREMENTS**	**MAX UNITS**
CCE	PECM (MAINTAIN)	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100

PROGRAM FUNDING SOURCE(S): CCE

PROGRAM AUTHORITY:

Program Funding	**Specific Authority**
CCE	**Sections 430.201-207, F.S.**

A. DESCRIPTION: Pest control rodent services assist in ridding the environment of rodents, and other potential carriers of disease and enhances the safety, sanitation and cleanliness for recipients. Rodent service consists of trapping, baiting, or other treatments or applications that result in the elimination of rodent(s).

B. DELIVERY STANDARDS/SPECIAL CONDITIONS: Rodent control services must be necessary to enhance the safety, sanitation and cleanliness of the elder's home.

C. PROVIDER QUALIFICATIONS: This service shall be provided by a licensed and insured company or individual in accordance with Chapter 482, Florida Statutes.

D. RECORD KEEPING AND REPORTING REQUIREMENTS:

1. Unit of Service: An episode of rodent control may require more than one treatment.

2. CIRTS reporting requirements are below. ↓

CIRTS REPORTING REQUIREMENTS				
PROGRAM	**SERVICE**	**REPORTING OF SERVICES**	**OAA CLIENT REQUIREMENTS**	**MAX UNITS**
CCE	ROCI	MONTHLY AGGREGATE REPORTING BY CLIENT	NA	100

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.

C. PROVIDER QUALIFICATIONS: Physical fitness activities shall be provided by persons qualified by training or experience, such as aerobics instructors, physical fitness trainers or physical therapists.

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.

4. 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): CCE, HCE, LSP, OAAIIIB

PROGRAM AUTHORITY:

Program Funding	Specific Authority
CCE	**Sections 430.201-207, F.S.**
HCE	**Sections 430.601-608, F.S.**
LSP	**Specific Appropriations**
OAAIIIB	**Older Americans Act, Title III, Part B, Section 321, (a)(11), (23) 42 U.S.C. 3030d**

A. DESCRIPTION: Physical therapy is a service provided to produce specific functional outcomes in ambulation, muscle control and postural development, and prevent or reduce further physical disability. The service shall be prescribed by a physician. It may also include a physical therapy assessment, which does not require a physician's prescription. In addition, this service may include training direct care staff and caregivers and monitoring those individuals to ensure they are carrying out therapy goals correctly.

B. DELIVERY STANDARDS/SPECIAL CONDITIONS:

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

2. A physical therapist assistant shall comply with the standards of ethical conduct for physical therapist assistant and with all the legal requirements of jurisdictions relating to the practice of physical therapy.

C. PROVIDER QUALIFICATIONS: The physical therapist and physical therapist assistant shall be currently licensed in the state in accordance with Chapter 486, Florida Statutes, and have one year of experience. Duties of the physical therapist assistant shall be directed by the licensed physical therapist and shall not exceed those outlined in the Chapter 59A-8.0095, Florida Administrative Code.

D. RECORD KEEPING AND REPORTING REQUIREMENTS:

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

2. A physical therapist shall develop and document a plan of care that is based on the results of the evaluation and the desires and expectations of the client and appropriate others about the outcome of the service.

3. A clinical record shall be kept for each client.

4. CIRTS reporting requirements are below. ↓

CIRTS REPORTING REQUIREMENTS				
PROGRAM	**SERVICE**	**REPORTING OF SERVICES**	**OAA CLIENT REQUIREMENTS**	**MAX UNITS**
CCE	PHTH	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
HCE	PHTH	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
HCE	PHTV	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
LSP	PHTH	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
OA3B	PHTH	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999

THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK

PROGRAM FUNDING SOURCE(S): LSP, OAAIIIB

PROGRAM AUTHORITY:

Program Funding	Specific Authority
LSP	**Specific Appropriations**
OAAIIIB	**Older Americans Act, Title III, Part B, Section 321, (a)(1), (7) 42 U.S.C. 3030d**

A. DESCRIPTION: Recreation is defined as participation in or attendance at planned leisure events such as games, sports, arts and crafts, theater, trips and other relaxing social activities. The purpose is to offer activities of interest for participants, increase physical and mental stimulation, prevent isolation, and encourage socialization.

B. DELIVERY STANDARDS/SPECIAL CONDITIONS: Services shall be provided that include activities which appeal to all program participants and levels of functioning; increase physical stamina in older persons; provide mental stimulation; provide social interaction; and provide an appropriate mix of individual and group activities.

C. PROVIDER QUALIFICATIONS: A person qualified by training or experience shall be designated to provide the service. Training shall include the process of aging, interest of the elderly, and acquiring knowledge of community resources available for use in recreational activities.

D. RECORD KEEPING AND REPORTING REQUIREMENTS:

1. Unit of Service: One hour of recreation activity regardless of the number of participants. Recreation cannot be counted as a separate unit of service, if delivered through adult day care services or adult day health care.

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

CIRTS REPORTING REQUIREMENTS				
PROGRAM	**SERVICE**	**REPORTING OF SERVICES**	**OAA CLIENT REQUIREMENTS**	**MAX UNITS**
LSP	RECR	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	15000
OA3B	RECR	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	50000

THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK

PROGRAM FUNDING SOURCE(S): LSP, OAAIIIB, OAAIIIE, OAAIIIEG

PROGRAM AUTHORITY:

Program Funding	Specific Authority
LSP	Specific Appropriations
OAAIIIB	Older Americans Act, Title III, Part B, Section 321, (a)(1), (14)(B) 42 U.S.C. 3030d
OAAIIIE	Older Americans Act, Title III, Part E

A. DESCRIPTION:

1. Referral/assistance is an activity provided via telephone or one-on-one in person wherein information is obtained about the person's needs, and the person is directed to resources most capable of meeting the needs. Contact with the resource is made for the person, as needed. Follow-up is a mandatory part of referral/assistance and is conducted with the referred person and/or the resource to determine the outcome of the referral/assistance.

2. In referral/assistance, more in-depth interviewing and assessment may be required than in information-giving to assist a client in either determining his or her need, or linking him or her with an appropriate resource.

B. DELIVERY STANDARDS/SPECIAL CONDITIONS:

1. Follow-up shall be made within fourteen (14) business days of the referral/assistance. Agencies making referrals will need to obtain intake information from the client to be used as part of the referral/assistance process.

2. Providers are expected to assist the person being referred by making arrangements for appointments, assistance with forms and paperwork requirements, and making arrangements for travel and escort services.

C. PROVIDER QUALIFICATIONS: Referral/assistance providers shall have:

1. Pre-service and in-service training that includes, but is not limited to, listening skills, communication, proper telephone usage, information giving and referral procedures;

2. An understanding of the Alliance for Information and Referral Systems (AIRS) standard for professional information and referral services; and

3. Knowledge of the community resources.

D. RECORD KEEPING AND REPORTING REQUIREMENTS:

1. **Unit of Service:** An episode of referral is counted only after **all** follow-up, regardless of the number of contacts, has been completed.

2. Records shall be kept to identify organizations to which a referral has been made and of the follow-up results.

3. CIRTS reporting requirements are below. ↓

CIRTS REPORTING REQUIREMENTS				
PROGRAM	**SERVICE**	**REPORTING OF SERVICES**	**OAA CLIENT REQUIREMENTS**	**MAX UNITS**
LSP	REFE	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
OA3B	REFE	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
OA3E	REFE	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
OA3EG (GRANDPARENT)	REFE	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999

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

PROGRAM AUTHORITY:

Program Funding	Specific Authority
ADI	Sections 430.501-504, F.S.
CCE	Sections 430.201.207, F.S.
HCE	Sections 430.601-608, F.S.
LSP	Specific Appropriations
OAAIIIB	Older Americans Act, Title III, Part B, Section 321, (a)(19) 42 U.S.C. 3030d
OAAIIIE	Older Americans Act, Title III, Part E, Sections 373(b)(4)
SCP	Corporation for National and Community Service Senior Companion Program

A. DESCRIPTION: Facility-based respite care is the provision of relief or rest for a primary caregiver from the constant, continued supervision and care of a functionally-impaired older person by providing care for the older person in an approved facility-based environment for a specified period of time.

B. DELIVERY STANDARDS/SPECIAL CONDITIONS:

1. If respite care requires a home health aide due to the client's medical condition, a physician or medical professional shall prescribe the service. Respite care cannot substitute for care that a licensed nurse or therapist must provide. Respite care may include personal care, homemaker or companionship activities and may be provided by a home health aide. It shall be provided according to the standards for the service under which it is provided.

2. The primary caregiver (relative or non-relative) shall be unpaid and provide care on a 24-hour basis with little or no relief to be eligible for DOEA-funded respite care services. Paid (salaried or hourly) caregivers may not receive respite care. Respite care may be provided for caregivers who are employed regardless of program funding source. Caregivers who receive a stipend under the Home Care for the Elderly (HCE) program are eligible for respite services, if needed.

C. PROVIDER QUALIFICATIONS:

1. This service can be provided in any safe environment suitable to the needs of the clients, or a licensed facility. If the service is provided in a licensed facility, the standards applicable to the type of facility apply, i.e., adult day care, assisted living facility, or nursing home. If the service is provided in a non-licensed facility, there shall be at least 2 staff for every 6 clients, 4 staff for every 12 clients and 1 staff for each additional 6 clients.

2. If this service is provided through the Senior Companion Program, volunteers shall meet the Corporation for National and Community Service Senior Companion Program guidelines.

D. RECORD KEEPING AND REPORTING REQUIREMENTS:

1. **Unit of Service:** One hour of actual client attendance at the facility is one unit of facility based respite. Actual client attendance is defined as the time between the client's arrival at the facility and the time of departure from the facility. Time spent in transit to the facility is not counted in the daily attendance.

2. Unit of service for the Senior Companion Program: One worker hour.

3. A daily attendance log with time in and time out shall be maintained.

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

CIRTS REPORTING REQUIREMENTS				
PROGRAM	**SERVICE**	**REPORTING OF SERVICES**	**OAA CLIENT REQUIREMENTS**	**MAX UNITS**
ADI	RESF	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	1000
CCE	RESF	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	1000
HCE	RESF	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
HCE	RESV	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
HCE	RESFV	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
LSP	RESF	MONTHLY AGGREGATE REPORTING	ZERO UNIT ENTRY REQUIRED ANNUALLY	1000
OA3B	RESF	MONTHLY AGGREGATE REPORTING	ZERO UNIT ENTRY REQUIRED ANNUALLY	1000
OA3E	RESF	MONTHLY AGGREGATE REPORTING BY CLIENT	MONTHLY AGGREGATE REPORTING BY CLIENT	9999
SCP	RESF	MONTHLY AGGREGATE REPORTING	ZERO UNIT ENTRY REQUIRED ANNUALLY	1000
CCES*	RESF	MONTHLY AGGREGATE REPORTING	ZERO UNIT ENTRY REQUIRED ANNUALLY	1000

* Special Senior Companion Program to Capture Agency Dollar Match.

THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK

PROGRAM FUNDING SOURCE(S): AC, ADI, CCE, HCE, LSP, OAAIIIB, OAAIIIE, RELIEF, SCP

PROGRAM AUTHORITY:

Program Funding	Specific Authority
AC	AmeriCorps National Service Volunteer Program
ADI	Sections 430.501-504, F.S.
CCE	Sections 430.201-207, F.S.
HCE	Sections 430.601-608, F.S.
LSP	Specific Appropriations
OAAIIIB	Older Americans Act, Title III, Part B, Section 321, (a)(19) 42 U.S.C. 3030d
OAAIIIE	Older Americans Act, Title III, Part E, Sections 373(b)(4)
RELIEF	Respite for Elders Living in Everyday Families
SCP	Corporation for National and Community Service Senior Companion Program

A. DESCRIPTION: In-home respite care is the provision of relief or rest for a primary caregiver from the constant, continued supervision and care of a functionally impaired older person by providing care for the person in the home for a specified period of time.

THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK

B. DELIVERY STANDARDS/SPECIAL CONDITIONS:

1. If respite care requires a home health aide due to the client's medical condition, a physician or medical professional shall prescribe the service. Respite care cannot substitute for care that shall be provided by a licensed nurse or therapist. Respite may include personal care, homemaker or companionship activities and may be provided by a home health aide. It must be provided according to the standards for the service under which it is provided.

2. Respite care shall meet the needs of the client and caregiver and be inclusive of the services that will allow the caregiver to leave the premises. For instance, if the client requires help with personal care, the respite service shall include this as part of the respite service. The primary caregiver (relative or non-relative) shall be unpaid and provide care on a 24 hour basis with little or no relief to receive DOEA-funded respite care services. Paid (salaried or hourly) caregivers may not receive respite care. Respite care may be provided for caregivers who are employed, regardless of program funding source. Caregivers who receive a basic subsidy payment under the Home Care for the Elderly (HCE) program are eligible for respite services, if needed.

C. PROVIDER QUALIFICATIONS:

1. This service can be provided in the home or a safe environment suitable to the needs of the client. Respite may include personal care, homemaker or companionship activities and may be provided by a home health aide. It shall be provided according to the standards for the service under which it is provided.

2. If the service is provided through the AmeriCorps program, volunteers shall meet the AmeriCorps program requirements.

3. If this service is provided through the Senior Companion Program, volunteers shall meet the Corporation for National and Community Service Senior Companion Program guidelines.

4. If this service is provided through the RELIEF Program, volunteers shall meet the Department's guidelines for volunteer service.

D. RECORD KEEPING AND REPORTING REQUIREMENTS:

1. **Unit of Service:** One hour of direct service.

2. Providers shall maintain a written record of activities and report any unusual incidents or changes in the client's appearance or behavior.

3. CIRTS reporting requirements are below. ↓

CIRTS REPORTING REQUIREMENTS				
PROGRAM	**SERVICE**	**REPORTING OF SERVICES**	**OAA CLIENT REQUIREMENTS**	**MAX UNITS**
ACP	RESP	MONTHLY AGGREGATE REPORTING	ZERO UNIT ENTRY REQUIRED ANNUALLY	9999
ADI	RESP	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	200
CCE	RESP	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	200
HCE	RESP	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
HCE	RESV	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
LSP	RESP	MONTHLY AGGREGATE REPORTING	ZERO UNIT ENTRY REQUIRED ANNUALLY	9999
OA3B	RESP	MONTHLY AGGREGATE REPORTING	ZERO UNIT ENTRY REQUIRED ANNUALLY	9999
OA3E	RESP	MONTHLY AGGREGATE REPORTING BY CLIENT	MONTHLY AGGREGATE REPORTING BY CLIENT	9999
OA3E	DPRESP (DIRECT PAY)	MONTHLY AGGREGATE REPORTING BY CLIENT	MONTHLY AGGREGATE REPORTING BY CLIENT	9999
RELF	RESP	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	200
SCP	RESP	MONTHLY AGGREGATE REPORTING	ZERO UNIT ENTRY REQUIRED ANNUALLY	9999
CCES*	RESP	MONTHLY AGGREGATE REPORTING	ZERO UNIT ENTRY REQUIRED ANNUALLY	9999

*Special Senior Companion Program to Capture Agency Dollar Match.

PROGRAM FUNDING SOURCE(S): LSP, OAAIIIB, OAAIIIC2, OAAIIIE, OAAIIIEG

PROGRAM AUTHORITY:

Program Funding	**Specific Authority**
LSP	**Specific Appropriations**
OAAIIIB	**Older Americans Act, Title III, Part B, Section 321, (a)(5)(A) 42 U.S.C. 3030d**
OAAIIIC2	**Older Americans Act, Title III, Part C, Subpart 2, Section 339, (2)(J)**
OAAIIIE	**Older Americans Act, Title III, Part E**

A. DESCRIPTION: Screening/assessment is defined as administering standard assessment instruments for the purpose of gathering information about and prioritizing clients at the time of active enrollment or to reassess currently active clients to determine need and eligibility for services. This service assesses clients for services and may include referral and follow-up, if needed.

B. DELIVERY STANDARDS/SPECIAL CONDITIONS: Training and certification on DOEA assessment instrument is required, with a competency score of 80% or above on the post-training test.

C. PROVIDER QUALIFICATIONS:

Screening/assessment is provided by the AAA, designated lead agency, or as otherwise approved by the AAA. Minimum education requirements for new staff 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 and related experience may be substituted for a bachelor's degree upon approval of the AAA.

D. RECORD KEEPING AND REPORTING REQUIREMENTS:

1. **Unit of Service:** One hour of direct service with or on behalf of a client accumulated on a daily basis. It can include travel time related to the client. The time may include time spent with caregivers when it is related to the client's situation.

2. CIRTS reporting requirements are below. ↓

CIRTS REPORTING REQUIREMENTS				
PROGRAM	**SERVICE**	**REPORTING OF SERVICES**	**OAA CLIENT REQUIREMENTS**	**MAX UNITS**
LSP	SCAS	MONTHLY AGGREGATE REPORTING BY CLIENT	SERVICES REPORTED BY CLIENT	100
OA3B	SCAS	MONTHLY AGGREGATE REPORTING BY CLIENT	SERVICES REPORTED BY CLIENT	9999
O3C2	SCAS	MONTHLY AGGREGATE REPORTING BY CLIENT	SERVICES REPORTED BY CLIENT	
OA3E	SCAS	MONTHLY AGGREGATE REPORTING BY CLIENT	MONTHLY AGGREGATE REPORTING BY CLIENT	100
OA3EG (GRANDPARENT)	SCAS	MONTHLY AGGREGATE REPORTING BY CLIENT	MONTHLY AGGREGATE REPORTING BY CLIENT	100

THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK

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

PROGRAM AUTHORITY:

Program Funding	Specific Authority
CCE	**Sections 430.201-207, F.S.**
LSP	**Specific Appropriations**
OAAIIIB	**Older Americans Act, Title III, Part B, Section 321, (a)(5)(C) 42 U.S.C. 3030d**

A. DESCRIPTION: Shopping assistance is defined as assisting a client in getting to and from stores or shopping on behalf of a client, including the proper selection of items to purchase. The service also includes storing purchased items upon return to the client's home. An individual shopping aide may assist more than one client during a shopping trip.

B. DELIVERY STANDARDS/SPECIAL CONDITIONS: Transportation, if provided to the client, shall include the trip to the shopping destination and the return trip to the client's home. This assistance may be provided individually or in groups.

C. PROVIDER QUALIFICATIONS: A person qualified by training or experience shall be designated to provide the service. Training should include nutritional needs of older persons, best seasonal buys for food and other products, selecting for quality and quantity, and selecting for economy.

D. RECORD KEEPING AND REPORTING REQUIREMENTS:

1. Unit of Service: A one-way trip per person assisted.

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

CIRTS REPORTING REQUIREMENTS				
PROGRAM	**SERVICE**	**REPORTING OF SERVICES**	**OAA CLIENT REQUIREMENTS**	**MAX UNITS**
CCE	SA	MONTHLY AGGREGATE REPORTING BY CLIENT	NA	200
LSP	SA	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
OA3B	SA	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999

THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK

PROGRAM FUNDING SOURCE(S): OAAIIIEG

PROGRAM AUTHORITY:

Program Funding	**Specific Authority**
OAAIIIE	**Older Americans Act, Title III, Part E, Section 373 (b)(4)**

A. DESCRIPTION: Sitter services are provided to a minor child, not more than 18 years old, or a child who is an individual with a disability residing with an age 55+ grandparent or other age 55+ related caregiver. Sitter services may be carried out in the home or in a facility during the day, at night or on weekends and are arranged by the caregiver for a specified period of time.

B. DELIVERY STANDARDS/SPECIAL CONDITIONS: Services shall be delivered as a respite to enable caregivers to be temporarily relieved of caregiver responsibility.

C. PROVIDER QUALIFICATIONS: Determined by the relative caregiver.

D. RECORD KEEPING AND REPORTING REQUIREMENTS:

1. Unit of Service: One hour of direct service.

2. A direct payment shall be provided to the relative caregiver or vendor in accordance with the agency's direct payment policies. Prior authorization from the Title IIIE coordinator or designated staff is required.

3. CIRTS reporting requirements are below. ↓

CIRTS REPORTING REQUIREMENTS				
PROGRAM	**SERVICE**	**REPORTING OF SERVICES**	**OAA CLIENT REQUIREMENTS**	**MAX UNITS**
OA3EG (GRANDPARENT)	DPSIT	MONTHLY AGGREGATE REPORTING BY CLIENT	MONTHLY AGGREGATE REPORTING BY CLIENT	9999

PROGRAM FUNDING SOURCE(S): CCE, HCE, LSP, OAAIIIB

PROGRAM AUTHORITY:

Program Funding	Specific Authority
CCE	**Sections 430.201-207, F.S.**
HCE	**Sections 430.601-608, F.S.**
LSP	**Specific Appropriations**
OAAIIIB	**Older Americans Act, Title III, Part B, Section 321, (a)(5) 42 U.S.C. 3030d**

A. DESCRIPTION: Skilled nursing service is part-time or intermittent nursing care administered to a client by a licensed practical nurse, registered nurse or advanced registered nurse practitioner, in the client's place of residence, pursuant to a plan of care approved by a licensed physician.

B. DELIVERY STANDARDS/SPECIAL CONDITIONS: A physician's prescription/plan of treatment is required to obtain skilled nursing services in the home, which is reviewed at 62-day intervals.

C. PROVIDER QUALIFICATIONS: This service shall be provided by persons currently licensed under Chapter 464, Florida Statutes, operating within their scope of practice, and pursuant to physician's plan of treatment.

D. RECORD KEEPING AND REPORTING REQUIREMENTS:

1. Unit of Service: One hour of direct service.

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

CIRTS REPORTING REQUIREMENTS				
PROGRAM	**SERVICE**	**REPORTING OF SERVICES**	**OAA CLIENT REQUIREMENTS**	**MAX UNITS**
CCE	HN	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
HCE	HN	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
HCE	HNV (VENDOR)	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
LSP	HN	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
OA3B	HN	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999

THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK

PROGRAM FUNDING SOURCE(S): ADI, CCE, HCE, LSP, OAAIIIB, OAAIIIES

PROGRAM AUTHORITY:

Program Funding	Specific Authority
ADI	**Sections 430.501-504, F.S.**
CCE	**Sections 430.201-207, F.S.**
HCE	**Sections 430.601-608, F.S.**
LSP	**Specific Appropriations**
OAAIIIB	**Older Americans Act, Title III, Part B**
OAAIIIE	**Older Americans Act, Title III, Part E, Section 373(b)(5)**

A. DESCRIPTION: Specialized medical equipment, services and supplies include the following;

1. Adaptive devices, controls, appliances or services that enable clients to increase their ability to perform activities of daily living. This service also includes repair of such items as well as replacement parts;

2. Dentures, walkers, reachers, bedside commodes, telephone amplifiers, touch lamps, adaptive eating equipment, glasses, hearing aids, and other mechanical or non-mechanical, electronic, and non-electronic adaptive devices;

3. Supplies may include items such as adult briefs, bed pads, oxygen or nutritional supplements;

4. Medical services pay for doctor visits or dental visits; and

5. Pharmaceutical services payment for needed prescriptions.

B. DELIVERY STANDARDS/SPECIAL CONDITIONS:

1. This service shall only be provided, if it cannot be purchased through Medicare, Medicaid or other third parties. If a Medicare co-payment is required for the purchase, it is permissible to pay it.

2. All items shall have direct medical or remedial benefit to the client and be related to the client's medical condition. A physician's verification of the need for any item or service may be requested.

C. PROVIDER QUALIFICATIONS:

PROVIDER QUALIFICATIONS: The provider qualifications are commensurate with the products or services being provided. Items shall meet applicable standards of manufacture, design and installation.

D. RECORD KEEPING AND REPORTING REQUIREMENTS:

1. **Unit of Service:** An episode is one contact where equipment, services or supplies are given to a client.

2. CIRTS reporting requirements are below. ↓

CIRTS REPORTING REQUIREMENTS				
PROGRAM	**SERVICE**	**REPORTING OF SERVICES**	**OAA CLIENT REQUIREMENTS**	**MAX UNITS**
ADI	SCSM	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
CCE	SCSM	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
HCE	SCSM	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
HCE	SCSV (VENDOR)	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
LSP	SCSM	MONTHLY AGGREGATE REPORTING	NO REQUIREMENTS	9999
OA3B	SCSM	MONTHLY AGGREGATE REPORTING	NO REQUIREMENTS	9999
OA3ES (SUPPLEMENTAL)	SCSM	MONTHLY AGGREGATE REPORTING BY CLIENT	MONTHLY AGGREGATE REPORTING BY CLIENT	9999
OA3ES (DIRECT PAY)	DPSCSM	MONTHLY AGGREGATE REPORTING BY CLIENT	MONTHLY AGGREGATE REPORTING BY CLIENT	9999

PROGRAM FUNDING SOURCE(S): CCE, HCE, LSP, OAAIIIB

PROGRAM AUTHORITY:

Program Funding	Specific Authority
CCE	**Sections 430.201-207, F.S.**
HCE	**Sections 430.601-608, F.S.**
LSP	**Specific Appropriations**
OAAIIIB	**Older Americans Act, Title III, Part B, Section 321, (a)(11), (23) 42 U.S.C. 3030d**

A. DESCRIPTION: Speech therapy is a service provided to produce specific functional outcomes in the communication skills of a client with a speech, hearing or language disability. The service shall be prescribed by a physician. The service may also include a speech therapy assessment, which does not require a physician's prescription. In addition, this service may include training direct care staff and caregivers and monitoring those clients to ensure they are carrying out therapy goals correctly.

B. DELIVERY STANDARDS/SPECIAL CONDITIONS:

1. This service may be provided in the therapist's office, in the client's residence, or other appropriate settings in the community.

2. Speech/language pathologists identify and evaluate communication and swallowing problems. The speech therapist may determine the need for personal alternatives or augmentative systems, and recommends and trains for utilization of such systems.

C. PROVIDER QUALIFICATIONS: Providers shall be governed by the Board of Speech-Language and Audiology and shall abide by the Code of Ethics last revised November 16, 2001. Speech-language pathologists/audiologists shall practice in accordance with Chapter 468, Florida Statutes, and Chapter 59A-8, Florida Administrative Code.

D. RECORD KEEPING AND REPORTING REQUIREMENTS:

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

2. A clinical record shall be maintained for each client and include an evaluation of the client's needs, statement of problems, plan of care or service provision plan, and service/progress notes.

3. CIRTS reporting requirements are below. ↓

CIRTS REPORTING REQUIREMENTS				
PROGRAM	**SERVICE**	**REPORTING OF SERVICES**	**OAA CLIENT REQUIREMENTS**	**MAX UNITS**
CCE	SPTH	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
HCE	SPTH	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
HCE	SPTV	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
LSP	SPTH	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
OA3B	SPTH	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999

THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK

PROGRAM FUNDING SOURCE(S): LSP, OAAIIIB

PROGRAM AUTHORITY:

Program Funding	Specific Authority
LSP	**Specific Appropriations**
OAAIIIB	**Older Americans Act, Title III, Part B, Section 321, (a)(5) 42 U.S.C. 3030d**

A. DESCRIPTION: Telephone reassurance is defined as communicating with designated clients by telephone on a mutually agreed schedule to determine their safety and to provide psychological reassurance, or to implement special or emergency assistance.

B. DELIVERY STANDARDS/SPECIAL CONDITIONS: A client must be homebound to receive this service. Records shall be maintained specifying the agreed to emergency procedures. Assistance shall be sent to the home, if contact cannot be made. Schedules should provide coverage for temporary absences, and weekend and holiday coverage is encouraged.

C. PROVIDER QUALIFICATIONS: Volunteers are encouraged to provide telephone reassurance.

D. RECORD KEEPING AND REPORTING REQUIREMENTS:

1. **Unit of Service:** An episode of telephone reassurance is one documented telephone contact with one client or one household. Phone calls made with no response cannot be billed.

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

CIRTS REPORTING REQUIREMENTS				
PROGRAM	**SERVICE**	**REPORTING OF SERVICES**	**OAA CLIENT REQUIREMENTS**	**MAX UNITS**
LSP	TERA	MONTHLY AGGREGATE REPORTING	NO REQUIREMENTS	9999
OA3B	TERA	MONTHLY AGGREGATE REPORTING	NO REQUIREMENTS	9999

THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK

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

PROGRAM AUTHORITY

Program Funding	Specific Authority
CCE	**Sections 430.201-207, F.S.**
HCE	**Sections 430.601-608, F.S.**
LSP	**Specific Appropriations**
OAAIIIB	**Older Americans Act, Title III, Part B, Section 321, (a)(2) 42 U.S.C. 3030d**
OAAIIIE	**Older Americans Act, Title III, Part E, Section 373(b)(5)**

A. DESCRIPTION: Transportation is defined as travel to or from community services and resources, health and medical care, shopping, social activities, or other life sustaining activities.

B. DELIVERY STANDARDS/SPECIAL CONDITIONS:

1. All transportation provided with federal, state and local government funds shall be purchased through a contractual arrangement with the community transportation coordinator (CTC) or approved coordination provider within the coordinated system. Exceptions are permitted in accordance with Chapter 41-2, Florida Administrative Code.

THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK

2. When transportation suited to the unique and diverse needs of an elderly person cannot be met through the coordinated system; the provider may purchase or provide transportation utilizing the following alternatives:

a. Privately owned vehicle of an agency volunteer or employee;

b. State owned vehicles;

c. Privately owned vehicle of a family member or custodian;

d. Common carriers, such as commercial airlines or bus; or

e. Emergency medical vehicles.

3. The provider may utilize other modes of transportation when the CTC determines it is unable to provide or arrange the required service.

4. Providing transportation through sources other than the CTC shall be approved by the CTC. Local procedures for the review/approval process apply.

5. Transportation providers shall hold applicable licenses issued by the Department of Highway Safety and Motor Vehicles in accordance with Chapter 322, Florida Statutes, and shall maintain minimum vehicle liability insurance coverage, as required by law.

C. PROVIDER QUALIFICATIONS: As determined by the community transportation coordinator, in accordance with Chapter 427, Florida Statutes, and Chapter 41-2, Florida Administrative Code.

D. RECORD KEEPING AND REPORTING REQUIREMENTS:

1. Unit of Service---Individual: A unit of service is a one-way trip (the single entrance, travel to a destination, and exit of a client from a transportation vehicle).

2. Unit of Service---Group: A unit of service is a one-way trip (the single entrance, travel to a destination, and exit of clients, regardless of the number of clients, from a transportation vehicle).

3. CIRTS reporting requirements are below. ↓

CIRTS REPORTING REQUIREMENTS				
PROGRAM	**SERVICE**	**REPORTING OF SERVICES**	**OAA CLIENT REQUIREMENTS**	**MAX UNITS**
CCE	TRS	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
CCE	TRSG	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
HCE	TRS	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
HCE	TRSG	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
HCE	TRSV	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
HCE	TRSVG	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
LSP	TRS	MONTHLY AGGREGATE REPORTING	NO REQUIREMENTS	30000
LSP	TRSG	MONTHLY AGGREGATE REPORTING	NO REQUIREMENTS	30000
OA3B	TRS	MONTHLY AGGREGATE REPORTING	NO REQUIREMENTS	50000
OA3B	TRSG	MONTHLY AGGREGATE REPORTING	NO REQUIREMENTS	50000
OA3E	TRS	MONTHLY AGGREGATE REPORTING BY CLIENT	MONTHLY AGGREGATE REPORTING BY CLIENT	100
OA3E	TRSG	MONTHLY AGGREGATE REPORTING	NO REQUIREMENTS	100
OA3E3G (GRANDPARENT)	TRS	MONTHLY AGGREGATE REPORTING BY CLIENT	MONTHLY AGGREGATE REPORTING BY CLIENT	100
OA3E3G (GRANDPARENT)	TRSG	MONTHLY AGGREGATE REPORTING	NO REQUIREMENTS	100
OA3E (DIRECT PAY)	DPTRS	MONTHLY AGGREGATE REPORTING BY CLIENT	MONTHLY AGGREGATE REPORTING BY CLIENT	100
OA3E (DIRECT PAY)	DPTRSG	MONTHLY AGGREGATE REPORTING	NO REQUIREMENTS	100
OA3E3G (GRANDPARENT) (DIRECT PAY)	DPTRS	MONTHLY AGGREGATE REPORTING BY CLIENT	MONTHLY AGGREGATE REPORTING BY CLIENT	100
OA3E3G (GRANDPARENT) (DIRECT PAY)	DPTRSG	MONTHLY AGGREGATE REPORTING	NO REQUIREMENTS	100