

ADMINISTRATIVE OVERVIEW
SERVICE SPECIFIC ATTACHMENT
Alzheimer's/Dementia Coaching (Habilitation Therapy)

I. Service Capacity

- A. What is your proposed rate for Alzheimer's/Dementia Coaching (Habilitation Therapy)?
- B. Provide the number of Alzheimer's/Dementia (Habilitation Therapy) Coaches.
 - 1) Full Time:
 - 2) Part Time:
 - 3) Per-Diem:
- C. Are coaches available during non-business hours for urgent consultations? If so, provide details or any other avenues of communication.
- D. Describe the process and tools used to assess the consumer and family. Attach copies of any tools referenced.
- E. Describe the process and tools used to create a comprehensive habilitative therapeutic plan of care. Attach copies of any tools referenced.
- F. Describe the process for care plan evaluation and modification.
- G. Describe your agency's protocols for communication. Include an outline of coordination between the consumer/family; care managers and RNs; and direct care workers, including Supportive Home Care Aides.
- H. Describe your agencies process, and/or ability to provide Alzheimer's/Dementia Coaching (Habilitation Therapy) to a consumer and caregiver via telehealth (including telephone and live video).

Note: Telehealth services must be approved by ASAP prior to service provision. ASAP Care Manager will be consulted for approval of telehealth delivery from qualified agency.
- I. If there is no capacity for translation, describe your procedure for serving consumers who speak a language other than English, or have specific hearing or visual needs.

II. Staff Qualifications

- A. Describe the experience and qualifications for the person responsible for programmatic service oversight.
- B. Describe qualifications of Alzheimer's/Dementia (Habilitation Therapy) Coaches to perform this service. Include a list of all persons at your agency who will provide Alzheimer's Coaching, their experience, their licensure, and attach copies of training certificates from the Alzheimer's Association.

III. Training and In-Service Education

- A. Describe in detail any initial and on-going training provided to Alzheimer's/Dementia (Habilitation Therapy) Coaches.

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IV. Supervision

- A. Describe the procedures for supervision, including frequency, documentation, and credentials/qualifications of supervisors for Alzheimer's/Dementia (Habilitation Therapy) Coaches.
- B. Describe the systems and procedures employed to ensure that services are delivered to consumers as authorized.
- C. Describe how Alzheimer's/Dementia (Habilitation Therapy) Coaches will access supervision and consultation. Whom do they consult for guidance and direction when their own skills are challenged?

Provider employee who completed this form:

Name: _____

Date: _____