



# Calhoun County Senior Services

## Minimum Service Standard

SERVICE NAME: SENIOR FITNESS & FUN

**DEFINITION:** The delivery of wellness sessions and/or support groups to seniors (age 60 and over) and/or their caregivers throughout Calhoun County.

**UNIT OF SERVICE:** One unit of service equals one (1) hour of participation by one (1) person. Reimbursement is based on a line-item budget.

**INCOME REQUIREMENT:** No income requirement applies

**DESIRED OUTCOME:** These programs will increase health literacy, improve health status of participants, support informed decision-making throughout the aging process, and empower seniors to better manage chronic illnesses.

### MINIMUM SERVICE STANDARD:

- A. Service Components** – allowable programs include:
- a. Health Risk Assessments
  - b. Health Promotion Programs
  - c. Physical Fitness, group exercise, music, art, dance movement therapy; programs for Multi-Generational Participation
  - d. Medication management, screening, and education to prevent incorrect medication and adverse drug reactions
  - e. Mental Health Screening Programs
  - f. Information programs concerning diagnosis, prevention, treatment and rehabilitation of age-related diseases and chronic disabling conditions
  - g. Caregiver workshops and support groups
- B. Participant Analysis, Tracking & Monitoring**
1. **Fitness/Exercise:**
    - i. Analysis - A Participant Analysis will be conducted a nurse, when the participant begins the program and will be updated annually. The Participant Analysis will include:
      1. Basic information including name, address, phone, birth date, gender, and race/ethnicity.
      2. Vitals including blood pressure, blood sugar, pulse ox, weight.
      3. Health history
      4. Medication profile
      5. Emergency contact
      6. Signature of recipient acknowledging willingness to participate and have data (without name) collected and reported.



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- ii. Tracking/Monitoring:
  - 1. Participants will track their progress on a weekly basis.
  - 2. Ongoing monitoring and follow-up will be available weekly by the RN to ensure the recipients' health and safety. Follow-up contacts will be made to determine if linkage was successful and determine if further referral is needed.
  - 3. Follow-up contacts will be made to determine if linkage was successful and determine if further referral is needed.
  - 4. Client data will be reviewed annually by clinical staff and program manager.
  - 5. A participant survey will be conducted annually to measure health and fitness improvement.

### 2. Evidence Based/Health Education/Workshops/Support Groups

- i. Analysis - A Participant Enrollment Form will be completed by the participant when beginning the program. The Participant Analysis will include:
  - 1. Basic information including name, address, phone, birth date, gender, and race/ethnicity.
  - 2. Emergency contact
  - 3. Signature of recipient acknowledging willingness to participate and have data (without name) collected and reported.
- ii. Tracking/Monitoring:
  - 1. Participants will track their progress on a weekly basis.
  - 2. Pre and Post testing for classes where appropriate
  - 3. Class surveys will be conducted annually to measure health improvement.
  - 4. Follow-up contacts will be made to determine if linkage was successful and determine if further referral is needed.

**C. Collaboration** – Collaboration with other organizations serving older adults will be encouraged. Appropriate entities will be given the opportunity to provide information or services at weekly sessions.

**D.** This program will work closely with sites that have congregate meal services and other rural sites that may be developing locally initiated senior activities.

**E.** Disease prevention and health promotion sessions should be provided at locations and facilities convenient to and accessible for older adults.