	DELAWARE HEALTH AND SOCIAL SERVICES Division of Services for Aging and Adults with Physical Disabilities	Inclusive Exercise Program for Persons with Physical Disabilities

Revision Table

Revision Date	Sections Revised	Description
3/17/2021		Original

1.0 SERVICE DEFINITION

1.1 This is a pilot program providing community-based exercise for Delawareans over the age of 18 who have physical disabilities.

1.2 This program provides adaptive exercise and/or individual assistance in a setting with equipment for exercising at a gym and/or pool so that participants have access to the physical, mental, and social benefits of maintaining physical fitness.

1.3 An individualized fitness plan focused on the goals and desires of the program participant will be developed with each program participant.

2.0 SERVICE GOAL

2.1 To provide access and support to inclusive exercise programs, support professionals (fitness coaches, certified assistants etc.) and equipment to Delawareans with physical disabilities who are ages 18 and older.

3.0 SERVICE UNIT

3.1 Intake – This service unit is billed at a two (2) hour increment. The service unit includes:

- 3.1.1 Phone Interview
- 3.1.2 In-person Interview
- 3.1.3 Tour of facility
- 3.1.4 Intake/Follow-up paperwork

3.2 Fitness – The service unit is billed at one (1) minute increments.

3.3 Providers can invoice on a line item budget for Administrative Costs, as needed.

4.0 SERVICE AREA

4.1 The service is available to all eligible residents of the State of Delaware.

5.0 SERVICE LOCATION

5.1 This pilot program will be available in the Bear/Glasgow Family YMCA.

6.0 ELIGIBILITY

6.1 Services are available to all Delaware residents who are 18 years of age and over who have a physical disability expected to last one year or more.

6.2 Participants may not be a current program or service participant with the Division of Developmental Disabilities Services (DDDS).

7.0 SERVICE STANDARDS

7.1 Interested individuals will be evaluated and referred by an independent certified occupational therapist, rehabilitation professional and/or a certified physical therapist that specializes in the area of individuals with physical disabilities.

7.2 No medical services or physical therapy will be provided as part of the service.

7.3 The provider will maintain the fitness equipment to industry standards.

7.4 The partner fitness facility will not charge participants or the program a YMCA "joiner fee".

7.5 The partner fitness facility will be accessible in compliance with the American with Disabilities Act (ADA).

7.6 Each participant will complete a post-service evaluation every six months (Attachment A).

7.7 Any outreach materials, including flyers, social media, etc. will acknowledge the funding source for the service as the Division of Services for Aging and Adults with Physical Disabilities.

8.0 INVOICING REQUIREMENTS

8.1 The provider will invoice DSAAPD for reimbursement per participant/per hour monthly utilizing the invoicing workbook that is provided.

8.2 The provider will submit the following supporting documentation with the submitted monthly invoice.

8.2.1 Monthly program reports, using the form provided by DSAAPD (Attachment B).

8.2.2 Attendance Sheets that correspond with the billable Service Units charged for the month in question. The attendance sheets must document:

8.2.2.1 The Date of Service

8.2.2.2 The Start Time & End Time of the fitness session.

8.2.2.3 The Total Billed for the session detailed.

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Attachment A

Inclusive Exercise Program for Person's with Physical Disabilities

Post Service Evaluation

Thank you for completing this survey as part of your participation in the Inclusive Exercise Program for Person's with Physical Disabilities. The information you share is for evaluation purposes so that we can understand how well the program is working. Your individual responses will be confidential and only the staff working on the program and evaluators will see them. If a caregiver or anyone is helping you answer these questions, please make sure the responses refer to the person who received the service. Answering these questions should take about five minutes.

Have you experienced an increase in your activities and interests?	☐ Yes	☐ No
Do you prefer to go out more often and do new things?	☐ Yes	☐ No
Are you more likely to feel full of energy?	☐ Yes	☐ No
Has this program increased your independence?	☐ Yes	☐ No
Has this program fulfilled the fitness goals you set for the program?	☐ Yes	☐ No

I was able to schedule a time that was convenient for me.	☐ Strongly Agree	☐ Agree	☐ Disagree	☐ Strongly Disagree
I was able to schedule an appointment promptly.	☐ Strongly Agree	☐ Agree	☐ Disagree	☐ Strongly Disagree
The person working with me during this service:				
Did not make me feel rushed	☐ Strongly Agree	☐ Agree	☐ Disagree	☐ Strongly Disagree
Was patient with me	☐ Strongly Agree	☐ Agree	☐ Disagree	☐ Strongly Disagree
Treated me with respect	☐ Strongly Agree	☐ Agree	☐ Disagree	☐ Strongly Disagree
Treated me with kindness	☐ Strongly Agree	☐ Agree	☐ Disagree	☐ Strongly Disagree
I was satisfied with the overall level of services provided	☐ Strongly Agree	☐ Agree	☐ Disagree	☐ Strongly Disagree

What have you found most valuable about the program?

What would you change about the program, if you could, to make it better?

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Attachment B

A. Participant Information

	February	March	April	May	June	July	Total
TOTAL SERVED							
Number of unduplicated persons (18+) served by program							
Age							
18-25							
26-35							
36-45							
46-55							
56-65							
66-75							
76-85							
86 +							
Gender							
Female							
Male							
Transgender							
Non-Binary/Non-Conforming							
Ethnicity							
Hispanic or Latino							
Not Hispanic or Latino							
Race							
American Indian or Alaskan Native							
Asian or Asian American							
Black or African American							
Native Hawaiian or other Pacific Islander							
White							
Medicaid Status							
Medicaid Enrolled							
Non-Medicaid							

B. Post Service Evaluation Results

Please include summary information from the post-service evaluations.