

MATRIX AND SERVICE NAME
for reporting
EVIDENCE-BASED ACTIVITIES

#71 Chronic Disease Prevention, Management & Education

Living Well/Stanford Programs
Nat'l Diabetes Prevention Program

#40-2 Physical Activity & Falls Prevention

Tai Chi: Moving for Better Balance
Matter of Balance
Better Bones & Balance
Strong Women
Arthritis Foundation Exercise Program
Walk with Ease
Otago
EnhanceFitness

#70-9/70-9a Caregiver Training

Powerful Tools for Caregivers
Savvy Caregiver
Community Stress-Busting for Family Caregivers
STAR-Caregivers
RDAD

#40-3 Preventive Screening, Counseling & Referral

Coleman Care Transitions

#40-4 Mental Health Screening & Referral

PEARLS
Enhance Wellness
IMPACT
Healthy IDEAS
Mental Health First Aid (*provided to older community participants*)

Following this page are OACCESS screenshots showing fields to input demographics on following page and instruction for adding a service to a client record

DEMOGRAPHIC LOCATIONS IN OACCESS (for EB activities)

Age
Gender
Rural
Poverty
Alone
Ethnicity
Race

Case for SAM YANK (Case Branch : Hermiston MSO)

Person List

	Last Name	First Name	M.I.	Role	Verified
1	YANK	SAM		Primary Applicant	

Person Detail

SSN: -- DOB: 00/00/0000 Prime Nbr:

Citizenship: ☐ US Citizen ☐ Legal Alien ☐ Other Sex: ☐ Male ☐ Female Disabled: ☐ Blind: ☐

Live in: Death Date: 00/00/0000 Stay in Oregon: ☐

Marital: Lang Spoken: Spouse is or was a vet: ☐

Race: Here or OAA Sumry tab Ethnicity: Aid medical bills: ☐

Aut Format: Annual Inq MMA? ☐ Yes ☐ No

Age
Gender
Rural
Poverty
Alone
Ethnicity
Race

Case for SAM YANK (Case Branch : Hermiston MSO)

Address List

Address	City	Verified
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Address Detail

Address:

Line 2:

City State ZIP:

FIPS Cnty Code:

Directions:

Age
Gender
Rural
Poverty
Alone
Ethnicity
Race
ADL/IADL

Case for SAM YANK (Case Branch : Hermiston MSO)

OAA Service Applicant

	Last Name	First Name	M.I.	Role
1	YANK	SAM		Primary Applicant

OAA Detail

Last Rev Date: 00/00/0000 Months to Next Rev: Next Rev Date:

Nbr in HH: Income Level: Total Income:

OAA Service Applicant Detail

OAA ID: 420005748 YANK, SAM

Not OAA Eligible: ☐

Start Date: 00/00/0000

OAA Ethnicity:

OAA Race(s): Here or Person tab Add Remove

HOW TO . . . ADD A SERVICE TO A CLIENT RECORD

The following instruction assumes that the evidence-based service is already in the agency's OAA Provider and OAA Site modules. For instruction on how to add services to the above referenced modules, please select the following link: [Adding Services, Providers, Qualifiers and OAA Sites](#) (Webinar)

Oregon Access [Office : Lakeview AAA (1813) Profile Type :- Branch]

File Edit Select Status Transfer View Mainframe Window Help

Case for JOHN AREGON / Case Nbr: LL3774 (Case Branch : Lakeview AAA)

Waiv Instr **Supply** Other Needs Request OAA Sumry NutrRsk/ADL **OAA Svc/FCSP**

OAA Service FCSP

Client: AREGON, JOHN

#	District	OAA Class	Site	Start Date	End Date	Verific
4	11L	Homemaker {#2}	Lake County Senior Citizens Assoc	01/02/2003	00/00/0000	No
5	11L	Homemaker (CEP) {#2a}	Christmas Valley Lod	01/02/2001	00/00/0000	No

Detail

District: Lake Site: Live Longer With Exercise Service: Caregiver Training {#70-9}

Route: Authorized Units: .00

Provider

Name: LIVE LONGER WITH EXERCISE Provider ID:

Address: 123

Line 2:

City State ZIP: LAKEVIEW OR 97812

Tele Nmbr: () - Ext: Fax: () -

Dates

Start Date: 00/00/0000 End Date: 00/00/0000 End Reason: Verified ☐

Route Seq: Qualifier/Units

If you need further assistance please feel free to contact:
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