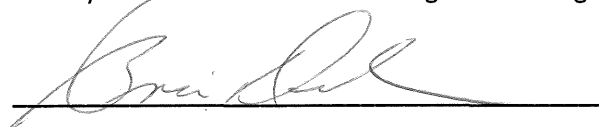


	PENNSYLVANIA DEPARTMENT OF AGING	
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6. Origin: Bureau of Advocacy, Protection and Education		7. Contact: Lois Shelton, Prime Time Health State Coordinator (717) 783-8349

AGING TECHNICAL ASSISTANCE BULLETIN

SUBJECT: Older Americans Act Title IIID Funding for Evidence-based Programs

TO: Area Agencies on Aging
 Pennsylvania Department of Aging Executive Staff
 Pennsylvania Association of Area Agencies on Aging

FROM: 
 Brian Duke
 Secretary
 Pennsylvania Department of Aging

PURPOSE: To provide guidance to Area Agencies on Aging (AAAs) staff for Prime Time Health (PTH) programs under the new U.S Administration on Aging (AoA) Title IIID Evidence-based (EB) guidelines.

BACKGROUND: Under Title IIID of the Older Americans Act (OAA), funding has been provided since 1987 to States and Territories based on their share of the population aged 60 and over. The intention of Title IIID funds is for the education and implementation activities that support healthy lifestyles and reduce the need for more costly medical interventions. Funding for educational programs is primarily for but not limited to serving older Pennsylvanians living in medically underserved areas of the State or who are of greatest economic need.

While there has been movement toward *evidence-based* disease prevention and health promotion programs for the past several years, the FY-2012 Congressional appropriations now mandates that funds from OAA Title IIID be used only for evidenced-based programs and activities.

PROGRAM REQUIREMENTS: Title IIID funds are administered by the Pennsylvania Department of Aging (PDA) through a grant from the AoA; also known as the Administration for Community Living (ACL). In FY-2012, the Title IIID appropriation legislation requires Older Americans Act Title IIID funds to be used only for evidence-based programs and those activities related to evidence-based programs. Legislative references to this mandate are listed below, and can be found at the AoA website:

http://www.aoa.gov/AoARoot/AoA_Programs/HPW/Title_IIID/index.aspx.

- Older Americans Act of 1965, section 361 and 398 as amended (2006) (Sec. 304(a) (3) (D)), (Sec. 305(a)), (Sec. 306(a))
- Title XXIX of the Public Health Services (PHS) Act, Section 119 of the Medicare Improvements for Patients and Providers Act of 2008
- PHS Act, sections 1701 and 1703

In order to meet funding mandates, the Pennsylvania Department of Aging's PTH program must now require that all health promotion & disease prevention programs meet the following guidelines:

- 1) **Minimal Level:** Program demonstrates through evaluation that it is effective for improving the health and wellbeing or reducing disease, disability and/or injury among older adults; *and* can be implemented and/or broadly disseminated by community-based organizations using appropriately credentialed practitioners.
Such programs may include the time spent by a licensed/certified professional to administer Blood Pressure Checks, Finger sticks, Hearing or Vision Screenings, or Back Screenings, Silver Sneakers, Stay Strong Stay Healthy, or Tai Chi for Arthritis.
- 2) **Intermediate Level:** Program has been published in a peer-review journal; has proven to be effective among the older adult population by using some form of a control condition (for example: pre-post study, case control design, etc.); and, is capable of implementation by a community level organization. Some of the programs included under this criterion are Eat Better, Move More and Healthy Steps in Motion.
- 3) **Highest Level:** Program has undergone some type of experimental design; full translation (meaning from science to service) has occurred within the community; and program products have been developed and are available to the public. Examples of programs under this level are Healthy Steps for Older Adults, A Matter of Balance, Arthritis Foundation Exercise Programs, Enhance Fitness, and Strong for Life, or Chronic Disease Self-Management.

Since 2006, OAA defines health promotion & disease prevention as: "programs related to the prevention and mitigation of the effects of chronic disease (including osteoporosis, hypertension, obesity, diabetes, and cardiovascular disease), alcohol and substance abuse reduction, smoking cessation, weight loss and control, stress management, falls prevention, physical activity and improved nutrition." This includes: health risk assessments, routine health screenings, nutritional counseling, physical fitness, group exercise, music, art and dance therapy, home injury control services (including screening of high-risk environments), screening for prevention of depression, coordination of community mental health services and referral to psychiatric and psychological services, educational programs on the availability benefits and appropriate use of services, medication management screening and education, information concerning diagnosis, prevention, treatment, and rehabilitation, gerontological counseling, and counseling regarding social services and follow-up health services."

(Please refer to FAQ #10 at AoA website;
http://www.aoa.gov/AoARoot/AoA_Programs/HPW/Title_IIID/index.aspx)

Additionally, Health Promotion & Disease Prevention Programs must:

- ✓ Meet the State priority areas: health risk screening, nutrition, chronic disease self-management, fall risk, exercise & strengthening to prevent fall-related injury, behavioral health, and medication management.
- ✓ Meet the guidelines referenced on page two (minimal, intermediate or highest); or program type that OAA has defined as evidence-based at the AoA website:
http://www.aoa.gov/AoARoot/AoA_Programs/HPW/Title_IIID/index.aspx
- ✓ Submit a yearly plan (via email) for any program funded by Title IIID by December 15, 2012, then by September 1st for each year thereafter. This is being required due to the new OAA restrictions. Only the following information is required for your agency's plan, and can be submitted as simply as shown below in a table format:
 - List the title of the program
 - Program goals
 - Provide the criteria level the program will meet
 - Number of times the program will be offered during that fiscal year
 - Estimated number of participants for each program

For Example:

Title of Program	Program Goals	Criteria (M, I, H)	Number of workshops	Estimated number of participants
HSOA	Falls risk assessment/education/referral	M	6	15 participants x 6 workshops = 90 total
HSIM	Exercise/strengthening & balance	M	6	12 participants x 6 workshops = 72 total
CDSME	Improve self-management of disease; reduce admissions to hospital or physician office	H	3	10 participants x 3 workshops = 30 total
Health Screening	Provide tests or examinations to find a disease or condition early.	M	1	500 participants x 1 screening = 500 total RN to provide 3 hours of BP screenings and fingersticks. Diabetic educator to provide 2.5 hours of demonstrations on how to use blood glucose kits, how to do finger sticks properly, and provide one ½ nutrition seminar.

- ✓ Report required data in SAMS/OMNIA for CDSME, HSOA and HSIM. For FY2012-13, updated forms for recording participant data and workshop data will be supplied by the State PTH Coordinator when they are ready for distribution.
- ✓ Please NOTE:
 - Healthy Steps for Older Adults (HSOA) data collection and reporting will be implemented in the same manner and must be completed fully to receive credit for the participant. The updated forms will be shorter, to include: one registration form, one workshop evaluation form including referral, and one follow-up form.
 - Healthy Steps in Motion does not currently have data entry, but a short tracking form is being developed due to it falling under evidence-based Title IIID monies.
 - Chronic Disease Self-Management Education (CDSME) requires monthly data entry into SAMS/OMNIA, as well as a semi-annual (Dec 30th) and end of year (June 30th) progress report to the PTH State Coordinator for both federal and Stanford University reporting.
 - AoA is currently changing their data requirements but does not expect the system to be ready for data entry until January 2013.
 - PDA is proactively revising our current forms to include the newly required AoA data; however, until the new forms are ready for distribution please continue to collect data on the old forms (dated 5/2010). CDSME forms include: Participant Information Survey, Training Record, Workshop Information Cover Sheet, and the Attendance Log. All are available from the PTH State Coordinator.
- ✓ Maintain the integrity of Federal funding by using Title IIID monies within these guidelines:
 - Programs and activities must meet one of the evidenced-based criteria as outlined above (minimal, intermediate or highest criteria)
 - Funds may be appropriately used for costs related to implementation of the program such as site set-up (equipment, books/CDs, program-related educational materials and incentives for participants)
 - Funds may be used for the time utilized by a professional/certified trainer to conduct a program or a screening activity
 - Please note, per AoA guidelines: The certification or licenses for any professional or credentialed services applied to Title IIID funds should be kept on file. This includes licenses for a Physician, RN, LPN, Dietician, Diabetic Educator, Dentist, Physical Therapist, Audiologist, or the certificates of completion for Master trainers & Lay leaders.
 - Funds may be used for travel to trainings or for the implementation of program sites
 - Funds may be used for the costs associated with training of Master Trainers and Lay (Peer)Leaders (e.g. travel, hotel, subsistence, and registration fee)
 - Funds may be used for data entry
 - Funds may be used for licensing costs
 - Funds may be used for advertising and marketing (e.g. brochures and flyers)

PRIME TIME HEALTH TITLE IIID FUNDS ARE NOT TO BE USED FOR PROGRAMS THAT ARE PURELY SOCIAL OR RECREATIONAL IN NATURE.

PROGRAM GUIDANCE: This section of the Aging Technical Assistance Bulletin (ATAB) provides the guidance necessary for planning & operating health promotion & disease prevention programs under new OAA Title IIID mandates.

Each AAA should:

- A. Establish yearly program goals in accordance with the OAA and within one or more of the state priority areas. AAAs may reference the following for guidance:
 - 2012-2016 Four Year State Plan on Aging
(http://www.portal.state.pa.us/portal/server.pt/community/department_of_aging_home_new/19366/hide_plan_on_aging_2012/1070778)
 - AAA Four Year Area Plan –each AAA should reference their Agency’s Plan for guidance
 - Pennsylvania 2020 Vision Report
(http://www.aging.state.pa.us/portal/server.pt/community/pennsylvania's_aging_initiatives/17891/pa_2020_vision_project/616029)
 - State Health Improvement Plan (SHIP 2006-2010) Healthy Pennsylvanians 2010 and Beyond
(http://www.portal.state.pa.us/portal/server.pt/community/state_health_improvement_plan_%28ship%29/14132)
 - AoA (http://www.aoa.gov/AoARoot/AoA_Programs/HPW/Title_IIID/index.aspx)
 - National Council on Aging Website (<http://www.ncoa.org/>)
 - Community-Needs Assessment tools
- B. Conduct at least one of the State-recommended PTH promotion and disease prevention programs. After meeting the State-requirement, AAAs may then provide additional AoA approved, evidence-based health promotion programs based on their funding allocation.
 - For FY-2012-2013, the State-recommended programs are: *Healthy Steps for Older Adults*, *Healthy Steps in Motion* and *Chronic Disease Self-Management*.
 - At the beginning of each fiscal year the State PTH Coordinator will announce the State recommended programs. This may change from one fiscal year to the next due to AoA’s movement toward eventually funding only highest level criteria EB programs.
 - Under Title IIID funding, Area Agencies on Aging should successfully complete all forms and reporting requirements for a minimum of 75 total participants between any one or a combination of all State-recommended PTH programs: *Healthy Steps for Older Adults*, *Healthy Steps in Motion* and/or *Chronic Disease Self-Management*.
 - Any Area Agency on Aging unable to meet the new Title IIID requirements after receiving the funds, will need to write a letter to the Secretary giving ample reason for their inability to meet at least the minimal requirement.
 - The PDA’s Bureau of Finance will monitor use of funds through participant accrual rates in SAMS/OMNIA, and will notify the PTH Coordinator by mid-year if a county appears to be not recruiting enough participants to meet year-end goals. The PTH Coordinator may provide assistance in marketing and recruitment efforts or request that the AAA return unused funds.

- C. Whether block grant or Title IIID funds, AAAs are responsible for setting their own rate agreements with subcontractors; therefore AAAs are encouraged to ensure that the rates are reasonable and based on local market value.
- In past years, the HSOA program dictated \$100/participant with a breakout of \$70 per participant and \$30 for completed data entry & administrative fees. In FY2012 and forward, the HSOA program will be funded through Title IIID monies; therefore, the fee for conducting the program as well as data entry will be negotiated by the AAA with their provider-partners.
- D. Subcontract agreements should include a term about duplication and dissemination of products.
- Non-licensed training materials, handouts and brochures that are the property of the AAA and can be duplicated and distributed.
 - Licensed training materials, handouts and CDs under State contract with another entity (e.g. CDSME under Stanford University license) may NOT be duplicated but instead, ordered through the PDA's PTH Coordinator.

Inquiries regarding this information should be directed to the State PTH Coordinator, Lois Shelton at (717) 783-8349 or lshelton@pa.gov.