

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES
AGING SERVICES DIVISION STATE UNIT ON AGING (SUA)
PROGRAM INSTRUCTION



9/15/09

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Effective Date

PROGRAM INSTRUCTION SUA-SPI-09-04

PROGRAM (S): Title IIID – Health Promotion and Disease Prevention

SUBJECT: Administrative Guidelines/Revised Title IIID Allocation Requirements for Health Promotion and Disease Prevention.

State Unit on Aging Requirements

This Program Instruction (PI) provides clarification for SUA-SPI-08-01 dated 10/2/08 and subsequent memo on 2/8/09 procedures for expending federal dollars related to Title IIID Evidence-Based Health Promotion Programs and Medication Management fund allocations.

Effective October 1, 2009, each Area Agency on Aging is required to phase in the allocation of Title IIID funds targeted for evidence-based health promotion programs. Medication Management funds are excluded from this PI and will not be included in the percentage (50%, 75% and 100%) used to determine the evidence-based allocation.

1. The following is the four-year phased-in cycle based on the federal fiscal year:

- ❖ 2010: Planning and Information gathering for phase in of evidence based prevention programs.
- ❖ 2011: 50% of Title IIID funds will be targeted toward evidence-based prevention programs.
- ❖ 2012: 75% of Title IIID funds will be targeted toward evidence-based prevention programs.
- ❖ 2013: 100% of Title IIID funds will be targeted toward evidence-based prevention programs.

2. This PI also rescinds the “State Unit on Aging Requirement” section in SUA-SPI-08-01 dated 10/22/2008, and replaces this section with the following replacement language:

State Unit on Aging Requirement

Title IIIB funds – 5% allocated for Senior Centers

Title IIIB funds – 5% allocated for each funding year for mental health and dental programs.

Each Area Agency is required to fund at least 1 mental health **and** 1 dental program for a total of 5% for each program year.

Title IIID funds – As allocated in number 1 above there is no funding requirement for mental health and dental services under Title IIID.

Program Criteria

The evidence-based program must meet one of the following criteria:

1. The Program is recognized as evidence-based by one of the following authorities on healthy aging or by the Department of Social Services, Aging Services Division (SEE ATTACHED LIST OF RECOMMENDED PROGRAMS FROM THE NCOA):
 - ❖ The National Council on Aging – www.healthyagingprograms.org
 - ❖ The Centers for Disease Control – www.cdc.gov/aging/index.htm
2. Program must be research-tested and/or clinically evaluated and proven to provide older adults 60 and over with positive health outcomes in a community-based setting.

Waivers

If the Area Agency on Aging is unable to comply with the TIIID allocation requirement the AAA **may** be granted a waiver upon submission of the following documentation:

1. Provide a brief narrative and discuss why the AAA is unable to comply with this requirement and what efforts the AAA has made to bring the Agency into compliance.
2. Include an outline of alternative programs and activities the AAA will fund and a line-budget outlining the provided services.

Rationale

The 2006 amendment to the Older Americans Act modernized health promotion services through the addition of evidence-based prevention programs to prevent and mitigate the effects of chronic disease. Effectively, the amendment changed the objective and focus of TIIID to keeping older adults healthy and active and targeting medically underserved individuals of greatest economic need.

The 2007-2012 Administration on Aging Action Plan, acted to provide the supporting framework necessary for Aging Service networks across the nation to address provisions in the Older Americans Act related to disease prevention. Goal 3 of the action plan, and its supporting strategic objectives empower older adults to stay active and healthy through increasing the use of “evidence-based disease and disability prevention programs” in a community-based setting.

Additionally, Project 2020 developed by the National Association of State Units on Aging and the National Association of Area Agencies on Aging, laid out a three-pronged approach to the delivery of services to older adults; one of these being “evidence-based disease management and health promotion”.

Investments in research on the national level over the last decade have improved our knowledge of chronic disease and approaches to reducing the incidence and effect on the older adult population. From this research, scientific evidence and interventions have emerged supporting the efficacy of low-cost programs that can help older adults and the disabled to better maintain their health and quality of life. As a result, community-based programs have been adapted from these evidence-based interventions, with many being recognized by national authorities such as the Administration on Aging and the Center for Disease Control.

LEGAL AND RELATED

REFERENCES: Older Americans Act Section (306(a)(7)(C))
U.S. Administration on Aging Strategic Action Plan 2007-2012

Disposition: Retain for Reference
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