



STATE OF MICHIGAN
OFFICE OF SERVICES TO THE AGING
LANSING

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GOVERNOR

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MEMORANDUM

DATE: April 23, 2012
TO: Area Agency on Aging Directors
FROM: Kari Sederburg, Director *KS*
SUBJECT: Qualifying Programs and Expenses for Title III D Funding

TRANSMITTAL LETTER #2012-244

The Michigan Office of Services to the Aging (OSA) has compiled new information released by the Administration on Aging (AoA) regarding the new requirements for use of Title III D funding.

As of May 1, 2012, OSA expects that all Title IIID funds will be expended on allowable evidence-based programs. Instructions for revised FY 2012 Area Plan Grant Budgets will be issued shortly and will include details for addressing the new Part D program requirements.

The attached information offers assistance for definitions of Evidence-Based Disease Prevention and Health Promotion programs, (EBDP) as well as what expenses are eligible for use under this funding source. Additional information is also available at AoA's website at:

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

Medication Management is no longer a required program under the new guidelines, however there is a medication management program that does qualify as an EBDP program if you wish to continue doing medication management under Title IIID.

Each area agency on aging should work with its OSA field representative to determine if existing contracts need to be modified in order to meet the new guidelines as implemented. Area agencies on aging interested in seeking review and approval of programs which do not appear on the attached list of approved programs should contact Sherri King at 517-373-4064, or kings1@michigan.gov.

Updates to this Transmittal Letter will be issued as new EBDP programs and trainings become available, as well as any new reporting and evaluation requirements, per AoA.

KS/sk

Attachments

cc: AAA Planners, OSA Field Representatives, Scott Wamsley, Sherri King, Sally Steiner

ATTACHMENT-TRANSMITTAL LETTER #2012-244 - 4/23/12

Qualifying Programs and Requirements for Title III D Funding

I. New Requirements

While the aging network has been moving towards evidence-based disease prevention and health promotion programs for the past several years, the FY-2012 Congressional appropriations now require that OAA Title IIID funding be used only for programs and activities which have been demonstrated to be evidence-based.

II. Allowable plans for transition into the new requirements

Existing contracts for FY12 will have to be altered if they do not include EBDP programs. Beginning May 1, 2012, all contracts for Title IIID funding must demonstrate use of funds for evidence-based disease prevention and health promotion programs only.

III. Program Goals/Objectives/Outcomes

Each AAA must include the following information in their AIP/MYP regarding the evidence-based disease prevention and health promotion programs:

- a. Contractor name and contact information
- b. Name of program
- c. Target audience/reach
- d. Goals and objectives for program
- e. Expected number of attenders
- f. Expected number of completers
- g. Budget

IV. Definition of Evidence-Based Disease Prevention Programs

The AoA will allow interventions that meet one of the following criteria levels.

1. The program has demonstrated through evaluation to be effective for improving the health and wellbeing or reducing disease, disability and/or injury among older adults; AND
 - a. It is ready for translation, implementation and/or broad dissemination by community-based organizations using appropriate credentialed practitioners.
2. The program has been evaluated and written up in a peer review journal, AND
 - a. Has been proven effective with the older adult population, using some form of a control condition (e.g. pre-post study, case control design, etc) AND

- b. There is some basis in translation for implementation by a community level organization.
 - 3. The program has undergone Experimental or Quasi-Experimental Design AND
 - a. Has full translation at community sites
 - b. Has products that have been disseminated and are readily available for use.

Please note that the AoA is encouraging AAAs to use programs that meet the 3rd, or highest, level of criteria.

OSA must verify that your proposed program meets the above mentioned standards. Sherri King at OSA is the point person responsible for verifying the appropriateness of any proposed programs. Please notify her and copy your field representative if you have a program you would like to use that is not listed below, but you feel meets one of the criteria listed above.

V. Current list of acceptable programs

Stanford Based Programs: OSA currently holds a license for these programs that covers all the AAAs. Please contact Sherri King (kings1@michigan.gov) for more information.

Stanford Chronic Disease Self-Management Program (CDSMP); (PATH)

This is a 6 week, 2.5 hours per week, class designed to help individuals manage chronic conditions. The workshop has a wide range of activities and skill-building exercises that help the participant learn to communicate with their medical provider, make better food choices, and get more active. It is also available in Spanish.

Website: <http://patienteducation.stanford.edu/>

Diabetes Self-Management Program (DSMP); (Diabetic PATH)

This program is a specialized program for individuals with Type II (non-insulin dependent) diabetes and their families. Same format and self-management skills as the CDSMP course listed above with different content info. Also available in Spanish.

Website: <http://patienteducation.stanford.edu/>

Arthritis Self-Management Program (ASMP)

People with different types of rheumatic diseases, such as osteoarthritis, rheumatoid arthritis, fibromyalgia, lupus, and others, attend together. Subjects covered include: 1) techniques to deal with problems such as pain, fatigue, frustration and isolation, 2) appropriate exercise for maintaining and improving strength, flexibility, and endurance, 3) appropriate use of medications, 4) communicating effectively with family, friends, and health professionals, 5)

healthy eating, 6) making informed treatment decisions, 7) disease related problem solving, and 8) getting a good night's sleep. Also available in Spanish.
Website: <http://patienteducation.stanford.edu/>

Chronic Pain Self-Management Program (CPSMP)

Same core program as other Stanford programs. Subjects covered include: 1) techniques to deal with problems such as frustration, fatigue, isolation, and poor sleep 2) appropriate exercise for maintaining and improving strength, flexibility, and endurance, 3) appropriate use of medications, 4) communicating effectively with family, friends, and health professionals, 5) nutrition, 6) pacing activity and rest, and, 7) how to evaluate new treatments.

Website: <http://patienteducation.stanford.edu/>

On-Line Chronic Disease Self-Management (Better Choices, Better Health)

This is a free workshop for participants. Participants can get the support they need and find practical ways to deal with pain, fatigue, and stress. Includes better nutrition and exercise choices, understanding new treatment options, and learning better ways to talk with your doctor and family about your health. Held entirely on-line. Up to 25 others in an interactive workshop and participate in easy-to-follow online sessions, which are posted each week for six weeks. You may refer interested clients to this website to participate. OSA receives information about participants once per year.

Website: <https://selfmanage.org/BetterHealth/SignUp>

On-Line Chronic Disease Self-Management –Diabetes

Based on the earlier Living With Ongoing Health Problems online program. Groups of about 24 people with Type 2 diabetes participate together. Workshops are facilitated by two trained moderators, one or both of whom are peers with diabetes. Topics covered include: 1) healthy eating and menu planning, 2) managing blood glucose, 3) techniques to deal with problems such as fatigue, frustration and isolation, 4) appropriate exercise for managing blood glucose and for maintaining and improving strength, flexibility, and endurance, 5) appropriate use of medications, 6) communicating effectively with family, friends, and health professionals, 7) goal-setting, and, 8) disease-related problem solving.

Website: <http://patienteducation.stanford.edu/internet/diabetesol.html>

On-Line Healthier Living with Arthritis

Same program as the Arthritis Self-Management Program listed above in an on-line version.

Website: <http://patienteducation.stanford.edu/internet/arthritisol.html>

Positive Self-Management Program for HIV

Workshop has the same core as the other Stanford self-management workshops. Subjects covered include: 1) how to best integrate medication regimens into daily life so medications can be taken consistently, 2) techniques to deal with problems such as frustration, fear, fatigue, pain and isolation, 3) appropriate exercise for maintaining and improving strength, flexibility, and endurance, 4) communicating effectively with family, friends, and health professionals, 5) nutrition, 6) evaluating symptoms, 7) advanced directives, and 8) how to evaluate new or alternative treatments.

Website: <http://patienteducation.stanford.edu/programs/psmp.html>

Non-Stanford Evidence-Based Disease Prevention and Health Promotion Programs. These programs may or may not require licensing, special training for leaders, and fees. Consult the website for more information. If you are interested in Matter of Balance, or EnhanceFitness, please contact Sherri King (kings1@michigan.gov) for more information.

Active Living Every Day (ALED): This program was developed by the Cooper Institute, Brown University and Human Kinetics. It is a 20 week, self-paced course to help people with sedentary lifestyles become and stay physically active.

Website: <http://www.ncoa.org/improve-health/center-for-healthy-aging/active-living-every-day.html>

EnhanceFitness (EF): EnhanceFitness, developed by the University of Washington in collaboration with Senior Services, is a group exercise program. Classes meet 3 times per week and are led by a certified fitness instructor.

Website: <http://www.ncoa.org/improve-health/center-for-healthy-aging/enhance-fi.html>

EnhanceWellness (EW): EnhanceWellness is an individualized, community-based wellness intervention for older adults at risk of functional decline. A nurse and social worker work with the individual to develop a plan, and support and encourage those individuals to achieve the goals of their plan. The program was developed by the University of Washington in collaboration with Senior Services.

Website: <http://www.ncoa.org/improve-health/center-for-healthy-aging/enhancewellness.html>

Healthy Eating for Successful Living Among Older Adults: Healthy Eating for Successful Living in Older Adults, developed by the Lahey Clinic in collaboration with other Boston-area organizations, is both an education and support program to assist older adults in self-management of their nutritional health. The workshop is conducted over 6 weekly sessions.

Website: <http://www.ncoa.org/improve-health/center-for-healthy-aging/healthy-eating-for-successful.html>

Healthy IDEAS (Identifying Depression, Empowering Activities for Seniors): Healthy IDEAS designed to detect and reduce the severity of depressive symptoms in older adults with chronic health conditions and functional limitations. This case manager-led program typically lasts for 3-6 months. It was developed by the Huffington Center on Aging at Baylor College of Medicine, Sheltering Arms and the Care for Elders Partnership in Houston. Website: <http://www.ncoa.org/improve-health/center-for-healthy-aging/healthy-ideas-identifying.html>

Healthy Moves for Aging Well: Healthy Moves for Aging Well was developed and tested by the Partners in Care Foundation in collaboration with other Southern California organizations. This physical activity program enhances the activity level of frail, high-risk sedentary older adults and is supported by case managers as an additional service of their community-based case management program. Website: <http://www.ncoa.org/improve-health/center-for-healthy-aging/healthy-moves-for-aging-well.html>

Medication Management Improvement System: The Medication Management Improvement System (MMIS) was adapted from the Vanderbilt University Medication Management Model by the Partners in Care Foundation in California. This intervention is designed to enable social workers and nurse case managers to identify and resolve certain medication problems that are common among frail older adults. Website: <http://www.ncoa.org/improve-health/center-for-healthy-aging/medication-management.html>

HomeMeds: Is an evidence-based, technology-enabled intervention that addresses medication safety among older adults by connecting home care and other community-based services to health care providers. Simply making better use of the information already being gathered in the home helps unmask potential medication problems so they can be resolved. HomeMeds addresses major gaps in care that leave home-dwelling older adults at risk for adverse medication effects, providing unique information not typically available to prescribers, such as adverse effects, patients' use of over-the-counter medications, duplications resulting from multiple prescribers or hospital stays, and adherence problems. Physicians are more likely to change prescribing behaviors when given this information together with recommendations from a consultant pharmacist. Using existing efforts and a non-medical workforce, a technology core, and sources of funding outside of Medicare and Medicaid,

HomeMeds is affordable and saves healthcare dollars by preventing serious adverse drug events that cause ED use, hospitalization and institutionalization.
<http://www.homemeds.org/>

Matter of Balance (MOB): A Matter of Balance Program. Volunteer Lay Leader Model, adapted from Boston University's Roybal Center by Maine's Partnership for Healthy Aging, teaches practical coping strategies to reduce the fear of falling. This group-based course is led by trained lay leaders over 8 sessions lasting 2 hours.

Website: http://www.mmc.org/mh_body.cfm?id=432

Stepping On: Developed at the University of Sydney, Australia, this program is designed to improve fall self-efficacy, encourage behavior change, and reduce falls. It is comprised of seven weekly two-hour sessions, with a follow-up occupational therapy home visit.

Website: <http://www.ncoa.org/improve-health/center-for-healthy-aging/stepping-on.html>

Strong For Life: Developed by Boston University, this home-based exercise program increases strength, balance, and overall health. Volunteer coaches instruct participants in their homes on how to exercise using an exercise video and monitor their performance.

Website: <http://www.ncoa.org/improve-health/center-for-healthy-aging/strong-for-life.html>

T'ai Chi: Moving for Better Balance: Developed out of the Oregon Research Institute, this simplified, 8-form version of T'ai Chi, offered in community settings, has been proven to decrease the number of falls and risk of falling in older adults.

Website: <http://www.ncoa.org/improve-health/center-for-healthy-aging/tai-chi-moving-for-better.html>

Active Choices: Active Choices is a six-month physical activity program that helps individuals incorporate preferred physical activities in their daily lives. The program is individualized for each person. Staff or volunteers are trained to provide regular, brief telephone-based guidance and support, and mail follow-up is delivered to participants' homes.

Website: <http://www.ncoa.org/improve-health/center-for-healthy-aging/active-choices.html>

The Arthritis Foundation Exercise Program: Offers low-impact exercises that can be done either sitting or standing to help relieve stiffness and pain and to build strength and stamina. The class was developed by physical therapists

specifically for people with arthritis or related conditions.

Website: <http://www.arthritis.org/exercise.php> or contact the Arthritis Foundation, Michigan Chapter: <http://www.arthritis.org/michigan/>

Arthritis Foundation Tai Chi Program: Brings the gentle, graceful, flowing power of Sun-style tai chi to your community. This joint-friendly exercise program, developed by a physician and tai chi master, will both relax you and increase your mental and physical energy. Host sites are members of the Arthritis Foundation Exercise Alliance.

Website: <http://www.arthritis.org/tai-chi.php> contact the Arthritis Foundation, Michigan Chapter: <http://www.arthritis.org/michigan/>

Prevention and Management of Alcohol Problems in Older Adults: The brief alcohol intervention approach is designed specifically for an older adult population and relies on concepts of motivational interviewing to enhance participants' commitment to change their behavior. Program components include: alcohol screening, assessments, brief interventions, and a guide to referral for more intensive care.

Website: <http://www.ncoa.org/improve-health/center-for-healthy-aging/prevention-and-management-of.html>

PEARLS: Program to Encourage Active, Rewarding Lives for Seniors

PEARLS is a highly effective method designed to reduce depressive symptoms and improve quality of life in older adults and in all-age adults with epilepsy. During six to eight in-home sessions that take place in the client's home and focus on brief behavioral techniques, PEARLS counselors empower individuals to take to action and make lasting changes so that they can lead more active and rewarding lives.

Website: <http://www.ncoa.org/improve-health/center-for-healthy-aging/program-to-encourage-active.html>

Fit and Strong!: Fit and Strong! combines flexibility, strength training and aerobic walking with health education for sustained behavior change among older adults with lower extremity osteoarthritis (OA). Fit & Strong! works with providers across the country to deliver an eight-week program that improves lower extremity stiffness, lower extremity pain, lower extremity strength, aerobic capacity, participation in exercise and caloric expenditure, and self-efficacy for exercise.

Website: <http://www.ncoa.org/improve-health/center-for-healthy-aging/fit-and-strong.html>

Walk With Ease: The Arthritis Foundation Walk With Ease program can teach you how to safely make physical activity part of your everyday life. Walk With Ease offers support, information and tools to help you succeed and is designed

for people with arthritis and other chronic conditions, such as diabetes, heart disease and hypertension.

Website: <http://lmt.arthritis.org/ways-to-move/walk-with-ease.php>

Creating Confident Caregivers:

Creating Confident Caregivers™ uses the Savvy Caregiver Program, an evidence based program for family members caring for a loved one with dementia at home. Two-hour sessions are held once a week for six weeks and are led by staff trained in the program. Caregivers receive a caregiver manual and respite is provided while the caregiver attends the program. This program provides information about dementia, teaches skills and attitudes to manage stress, and increases effective caregiving.

Contact Sally Steiner at: 517-373-8810 or steiners@michigan.gov for more information.

T-CARE:

TCARE® is a caregiver assessment and referral protocol developed by Dr. Rhonda JV Montgomery and colleagues in 2007. The TCARE® protocol guides care managers, caregiver supports coordinators and family caregivers through an assessment, consultation and care-planning process. It enables trained staff in community settings to accurately assess caregiver needs and link them to appropriate services that will effectively support them through different phases of their caregiving journey. The care consultation process is an educational process that helps caregivers understand the potential benefits of the services that have been offered and thereby promotes adherence to a mutually created caregiver care plan. In short, the TCARE® process facilitates effective targeting of support services and participation by caregivers with care plans tailored to their specific needs, hence improves caregiver outcomes (lower stress and burden levels, lower depression and reduction of intention to place person cared for).

Contact Dan Doezema at: 231-929-2531 or Doezemad@michigan.gov for more information.

Allowable costs include:

- Staff time to administer the program and/or conduct workshops and leader trainings.
- Costs incurred to conduct a class/workshop, including room rental fees and purchase of supplies
- Transportation of seniors to the center where the program is being conducted
- Costs incurred to conduct a leader training
- Costs incurred to send an individual from the PSA to leader training
- Payment of stipends to staff/others to monitor fidelity of classes in PSA
- Payment of stipends to instructors/coaches

- Providing recruitment assistance; publicity, printing of materials for agency within the PSA specific to EBDP programs
- Payment of class or leader materials such as books, tapes, handweights, or other supplies required to teach the class
- For TCARE:
 - Covered services include staff time spent with: Screening, assessing, consulting, care planning, supports coordination, monitoring and re-assessing caregivers using the TCARE Care Protocols, and TCARE training and certification activities.
- For Creating Confident Caregivers:
 - Fifty percent (50%) of funds must be used for direct service.

VI. What is not acceptable

The following activities and programs are not acceptable beginning with FY2013:

- Any program that does not meet the criteria outlined above
- Health fairs
- Health screenings **which are not linked to evidence-based programs**
- Educational workshops or classes
- Educational media production, any format
- Memberships to health and wellness or fitness clubs
- Wellness/exercise clubs created by an agency or center

VII. Reporting

- a. Reporting requirements for Title IIID will remain the same.
- b. Reporting requirements for client data for each program will be added.
 - 1. Data collection will use a universal form similar to the PATH data collection forms.

VIII. Evaluation

- a. A quarterly progress report must be submitted for all Title IIID funded evidence-based disease prevention and health promotion programs.
- b. Corrective action may be necessary to assure providers are on-target with goals and objectives.