



RESPONSES TO COMMENTS AND QUESTIONS

Aging Program Directive

Older American's Act Title IIID Funding for Evidence-based Programs AND Health & Wellness Program

Q1. Please note the following excerpt: "Title IIID funds may not be used for administrative costs associated with delivering programs such as staff time or space. Area Agencies on Aging (AAAs) may only charge administrative functions to Older American's Act (OAA) Title III-B, III-C, or III-E grant funds. EXCEPTION: If the AAA subcontracts with a service provider to deliver the evidence-based program, then those subcontracts would define the specifics of the program costs and administrative costs and Title IIID funds may include administrative costs." Is this first sentence taken from a Federal requirement/mandate or has it been something added by Pennsylvania Department of Aging (PDA)?

R1. This requirement is from previous guidance from the federal, Administration for Community Living (ACL). Due to further clarification from ACL, please see the revised Section IV. H. 7.

Q2. We had a couple of staff trained in Chronic Disease Self-Management Program (CDSMP) a couple of years ago; are they considered credentialed to conduct that evidence-based program (EBP) even though they have not conducted the program in the past?

R2. To provide an evidence-based program (EBP) all aspects of that EBP must meet all fidelity requirements of that program as designed by the developers. This may include: training of trainers, maintain credentialing, time frames in which programs are to be conducted, etc. According to Stanford credentialing requirements for lay leaders, To remain an Active Leader, Leaders must facilitate at least one 6-week workshop (all six 2.5 hour sessions) every 12 months, using the last day of their training as Anniversary Date.

http://patienteducation.stanford.edu/licensing/Certification_Guidelines.pdf

Q3. Healthy Ideas is listed as EBP on the ACL site but not specifically on the PDA endorsed list. Will this be accepted as an EBP?

R3. Yes, Healthy Ideas is provided on the PDA approved EBP list with the release of the issued APD.

Q4. 2. F. Offer Health & Wellness activities without charge to participants, if those activities can be directly linked to OAA funding. Voluntary contributions which respect the privacy of each older adult may be collected as long as no older adult is denied a service because of inability to contribute. Individuals enrolled in Medicaid shall not be asked to contribute. Contributions and third party payor funds must be returned back into the Health & Wellness programs. How would we know if the participant is enrolled in Medicaid? This isn't included on the center activity intake form.

R4. It is a requirement for the AAA to ensure that participants enrolled in Medicaid are not asked to contribute to a Health & Wellness program. How that is determined is up to the AAA.

Q5. "Title IIID funds may not be used for administrative costs associated with delivering programs such as staff time or space. AAAs may only charge administrative functions to OAA Title III-B, III-C, or III-E grant funds EXCEPTION: If the AAA subcontracts with a service provider to deliver the evidence-based program, then those subcontracts would define the specifics of the program costs and administrative costs and Title IIID funds may include administrative costs." I admit I'm not familiar with the Title B-C-E grant fund information. I'm probably not reading this correctly, because it looks like we can train staff but can't pay them to coordinate or lead the program? But could pay a subcontractor.

R5. Due to further clarification from ACL see revised Section IV. H. 7.

Q6. Will there be any trainings available to get staff credentialed in the EBP endorsed by PDA by 10/1/16?

R6. As in years past, PDA will continue to work with trainers and Master Trainers of the PDA endorsed EBPs to offer trainings to AAAs over the next fiscal year.

Q7. How much time and who would be the appropriate person at the department to sign off on EBP outside of the ones already endorsed? Is there a format to submit those requests?

R7. See Appendix A. If the AAA proposed EBP is not on the approved PDA list of EBPs then the AAA must follow the instructions in Appendix A for approval of the proposed EBP.

Q8. Please send a current list of PDA approved PTH programs. (If this was covered during the first portion of this morning's conference call, I was not able to attend until about 15 minutes in).

R8. Please note PDA has rebranded PrimeTime Health is now Health & Wellness Program. The PDA approved EBP list will be provided once the APD has been issued.

Q9. Can you please send me the most current version of the approved Evidence-Based Programs list?

R9. The PDA approved EBP list will be provided once the APD has been issued.

Q10. There is no mention of the 10 Keys™ to Healthy Aging program in the draft APD for Health and Wellness. Is the 10 Keys program being considered for Health and Wellness Programs?

R10. 10 Keys™ to Healthy Aging is not currently an evidence-based program and therefore is not eligible for Title IIID funding. However, to support the continuation of 10 Keys™ to Healthy Aging PDA is offering up to \$3,000 to provide 10 Keys™ to Healthy Aging through the APPRISE program for fiscal year 2016-2017.

Q11. In section IV program requirements under G, It talks about the committee to assist in planning and to set goals. Our question pertains to the copy of the minutes needs to be sent to this email address by December 31st. Is that this December 31st or next year that this requirement starts?

R11. 2016 and all subsequent calendar years.

Q12. Will the local programs be responsible to purchase the program related educational materials for the HSOA, CDSMP, and DSMP evidence – based programs? If the local programs do not need to purchase these materials can you give examples of what can be purchased under IV Program Requirements 7, b ?

R12. HSOA books are free to the AAAs. PDA provides a onetime distribution of 20 books and 20 CDs to an AAA conducting CDSMP/DSMP. AAAs would then be required to purchase additional books and CDs. All other non-PDA endorsed program materials associated with other EBPs would be the responsibility of the AAAs.

Q13. In section IV Program Requirements 7. e. It states we can use funding to train staff but can we use Health & Wellness funds to pay the staff to do Evidence based trainings? In IV 7 h, it states funds may not be used for administrative costs associated with delivering programs such as staff time, why are we training staff if we cannot use the funds to pay them?

R13. See R5.

Q14. On Page7 section V B 5a, it mentions about being evaluated by mid-year to determine if the local program is recruiting enough participants, what data will be used to make that determination? Will the local programs Health & Wellness plan be the guide?

R14. As identified in Section V. B. 5., AAAs Health & Wellness Program Annual Plan will be monitored based upon participant projections provided in that plan. See Appendix B for a sample annual plan.

Q15. If a local program gets an evidence – based program (that is not one of the 3 approved evidenced based programs) approved through PDA, will this evidences –based program approval apply to all Health & Wellness programs or just the one program who sought the approval?

R15. The three PDA-endorsed EBPs are HSOA, CDSMP, & DSMP. In Section V. B. AAAs must conduct at least one of the PDA-endorsed EBPs. “After meeting the PDA requirement, AAAs may provide additional ACL approved EBPs.”

Q16. With all of the time spent dedicated to promoting the “Prime Time Health” (PTH) program and finally having people associate the name with the program, why the decision for getting rid of the “Prime Time Health” portion of the name? I do understand more clearly defining the purpose of the program (I think that is a great idea); however many people know the program as PTH and “Health & Wellness Program”, although very descriptive of the actual program, is very general and many other agencies have health and wellness programs as well.

R16. During the Aging State Plan listening sessions held in spring of 2016 many consumers did not know what programs were involved with PrimeTime Health. PDA recognized that the label ‘PrimeTime Health’ created confusion and required an explanation to consumers that PrimeTime Health was not a program but rather the system of health and wellness programs and initiatives within the AAAs. It was determined that Health & Wellness would provide clarity to older adults of the availability of Health & Wellness programs and services to them in the AAA network. To your point, it works to our advantage that many other agencies have health and wellness programs, and it shows that there is a common knowledge around what those programs are.

Q17. It is noted on page 5 of the draft APD that funds may not be used with delivering programs such as staff time and space. We currently pay 2 locations (not in senior centers) each month to use their community rooms. Can this cost still be taken out of Title IIID funds for our evidence based programs?

R.17. Yes, See R5.

Q18. Since the current programs are extended to community members 50+, will this change with the implementation of the new APD?

R18. No. PDA still maintains offering services to community members 50 years and older. Title IIID funding to states is determined by the concentration of their share of the population aged 60 years and older.

Q19. We just received information on the Pennsylvania Association of Senior Centers Conference to be held Oct. 5, 6 and 7. Can we use any of the Title IIID Funds to cover these expenses? Such as mileage, motel, meals and etc.

R19. Title IIID funds may not be used to cover conference related expenses as conferences are not specifically related to evidence-based programs.

Q20. SECTION III: We support the use of evidence-based programs in keeping with PDA's "mission to promote healthier lifestyles among older Pennsylvanians so that there is a measurable improvement to their quality of life and a subsequent reduction to overall healthcare costs."

R20. Thank you. Although this is not PDA's overall mission it is the mission of the Health & Wellness Program.

Q21. SECTION IV, Subsection B. We also support the opportunity to offer programs deemed "evidence-based" by any agency of HHS. This provision will permit us to continue offering the PDA-approved programs (CDSMP and HSOA) as well as to explore new alternatives as consumer needs change in our planning and service area.

R21. Thank you. It was our intent to allow AAAs to tailor their programs to their services area needs.

Q22. SECTION IV, Subsection H. We are requesting clarification on Section IV. H. 5, which states the annual Health and Wellness Report for FY 2015-2016 should be submitted by September 30, 2016 as this report is not as yet available.

R22. This APD is effective 10/1/16 and includes reporting requirements starting FY 2016-2017 but does not address FY 2015-2016. Health & Wellness Staff will provide a format and new timeline for submission of the FY 2015-2016 report.

Q23. We are requesting clarification of Section IV, H.7.h which reads: "Title IIID funds may NOT be used for administrative costs associated with delivering programs such as staff time or space." This provision is especially disconcerting as our AAA provides this service directly and has a registered nurse on staff who is certified and training to provide evidence-based programming under this cost center. Additionally, we have supervisory costs associated with ensuring the program complies with federal regulations and Aging Program Directives. Our Agency has been successful in providing evidence-based programming in our three counties and has invested in trained staff who are committed to ensuring the fidelity of the interventions. As such we are seeking clarification on the allowable costs. Why would administrative costs be permitted for programs which are subcontracted and then not approved if the AAA provides the service directly? It would be helpful to have an explanation of the costs that are permitted if the AAA is operating and managing the health and wellness program as a service directly provided by the Area Agency on Aging.

R23. See R5.

Q24. A. Is there further clarification for the use of AAA staff who actually led the program and also complete the data entry that their time could be charged to this funding?

Q24. B. In addition, staff time to attend and participate in advisory council meetings and activities? We currently have a PTH Committee which is led by our PTH consultant which of course the name will have to change after October 1.

Q24. C. How do we account and cover the expenses of healthy snacks that are required for the CDSMP/DSMP courses?

R24 A. See R5.

R24 B. No. See R5.

R24.C. Healthy snacks are not a requirement of the CDSMP/DSMP programs. Healthy snacks are recommended if the AAA decides to provide snacks during breaks. If the AAA provides snacks during programs then it is up to the AAA to identify the appropriate funding sources.

Q25. One concern about being required to conduct at least 2 workshops a year of the PDA-endorsed Health & Wellness programs is training availability for these programs. At this time, we do not have anyone trained in HSOA, CDSMP, or DSMP. Will trainings be offered frequently for these programs to ensure that AAAs can offer these programs? Also, for the programs that offer Master Training, could a list of Master Trainers be shared with the AAAs, so that we could collaborate with one another to offer trainings?

R25. See R6.

Q26. We would appreciate clarification on the fiscal allowances of the Title IIID funds so that we have a clear understanding of how the funds can and cannot be used. We especially have a concern about allowances for staff time.

R26. See R5.

Q27. In regards to non-evidence based programs, such as health fairs or flu shots, should we continue to document these programs in SAMS? And if so, how would you like us to document them?

R27. PDA will be providing training and technical assistance on data entry of evidence-based programs and other non-evidence-based programs after the issuance of this APD.

Q28. If a developer, because they have had (potentially) numerous requests for AAA's across the state, is not able to provide timely training to implement the evidence based program, will the AAA be penalized in anyway.

R28. AAAs have until June 30th of each fiscal year to fulfill program requirements. See Section V.B.4.

Q29. Some EBPs require outcomes data to be collected and reported to the developer. Even if not required by the developer, it would be best practice for an AAA to collect local outcomes data to ensure that the program is meeting the expected targets. Will staff time be allowed for this?

R29. If the EBP requires that information is to be reported to the developer then it is allowable to apply staff time otherwise all other data entry staff time may not be applied to Title IIID funds. See R5.

Q30. Fidelity, or ensuring that an implemented program is implemented as designed is critical to ensuring that the same outcomes will apply to the local population. Will fidelity monitoring be required? If so, will staff time be allowed? If not, but the AAA wants to monitor fidelity as part of their quality improvement plan, will staff time be allowed.

R30. Yes See R5.

Q31. Comment and questions: Implementing evidence based programs is costly and requires a commitment from staff. Limiting funds for staff time, or expecting organizations to pull funding from an already dwindling pool of funds is unreasonable. Will there be a source of grant funds to support organizations wanting to implement programs with high quality, fidelity, and outcome monitoring? Grant funding may help organizations get started on the right foot, and then be able to sustain with the ongoing money the State contributes.

R31. This is a good suggestion. Currently there is not a grant opportunity available at this time.

Q32. We are looking forward to implementing the proposed changes to come into compliance with ACL beginning October 1, 2016. Page 1 – Please define what is meant and what qualifies as: “medically underserved areas of the State.”

R32. According to the federal Health Resources Services Administration (HRSA), Medically Underserved Areas/Populations are areas or populations designated by HRSA as having too few primary care providers, high infant mortality, high poverty or a high elderly population. For more information See Section V, A. 6.

Q33. Page 4 Section F - Offer Health & Wellness without charge to participants. It further goes on to say: “Individuals enrolled in Medicaid shall not be asked to contribute” – how is an AAA to know or verify if the participant receives Medicaid? How should it be handled if the participant is a member of a Community Health Choices (CHC) or other Managed Care Organization (MCO) and they are paying a contracted program fee and the participant has a co-pay? It would be helpful to have a section outlining PDA’s expectations around AAA’s contracting with MCO’s, hospitals or other entities in an effort to expand services beyond what the Title III D money can support. Clearly a functional time study would be useful to distinguish/document the non-Title III D time.

R33. See R4. The purpose of this APD is not to address AAA’s contracting with MCO’s or other entities beyond Title IIID. The purpose of this APD is to address the appropriate use of Title IIID funds and the Health & Wellness Program.

Q34. Page 4 Section H – Please clarify what is meant as administrative costs in relation to staffing. Staff time to coordinate the Health & Wellness program and actually administer/conduct programs/classes/trainings etc. need to be paid from some source. Does PDA expect AAA’s to use Aging Services Block Grant (ASBG) resources to supplement the III D funding to carry out EBP’s?

R34. See R5.

Q35. Page 7 Section a- Please clarify when the ‘mid-year’ data will be pulled from SAMS. Is there or will there be a SAMS report that AAA’s can run independently to verify data? How is this shown on the Financial Reporting Requirements (FRR)?

R35. PDA will pull 10/1/16-12/31/16 data for benchmark reports on March 2, 2017. We plan to make the reports available in Harmony Advanced Reporting (HAR) for AAAs to run their own reports. FRRs do not address the data entry reports. FRRs will cover fiscal utilization. Mid-year FRR’s would be due January 30, 2017.

Q36. Is there or will there be a list of EBP trainings and when/where classes will be offered by PDA for Master Trainers or training of Lay Leaders? Are they or will they be offered regionally; in-person; or on-line?

R36. See R6.

Q37. SECTION IV. The AAAs previously received extra funding to accomplish this. That funding must now all be used for Evidence Based Programming only. But AAAs are still responsible to provide all the same previous health and wellness programming except without the funding.

R37. See R5.

Q38. Section IV. C. But no funding to provide this.

R38. See R5. AAAs do receive Title IIID funding. Future funding have will continue to be distributed based on availability.

Q39. Section IV E. Is this rebranding really necessary? Our consumers know our AAA health and wellness programs and speakers by the name, "PrimeTime Health".

R39. See R16.

Q40. Section IV. H. 1. This plan is rather difficult to submit without knowing when or how much funding will be received to accomplish the plan objectives, which is what you are asking AAAs to do.

R40. It is recommended AAAs anticipate level funding when developing their plans.

Q41. Section IV. H. 5. This format has not yet been sent to AAAs.

R41. The format will be sent to the AAAs once the APD is issued. A sample of the format is in Appendix B of the APD.

Q42. Section IV H. 6. Extra data entry now required.

R42. Data entry requirements have been changed to comply with ACLs State Program Report Requirements.

Q43. Section IV.H. 7. b. Please address incentives as those previously given by the PDA for HSOA participation. Consumers will now expect the incentive. What may be offered to consumers?

R43. AAAs offering participation incentives will need to seek other funds where incentives are permitted. Title IIID funds are not available or permissible for incentive use.

Q44. Section IV.H. 7. c. If subcontractors may be paid for providing EBP, why can AAA staff not be paid for the time spent providing the EBP and entering the required data in SAMS? As per the Mobile Assessments webinar, it will now take more time to enter EBP forms in SAMS. More data is required to be entered. Extra time will be required to enter the service delivery.

R44. See R5 and See R29.

Q45. Section IV. H.7.g. Program costs should also be paid for AAA staff time to provide EBP.

R45. See R5.

Q46. Section IV. H. 9. The funds AAAs may now use only for EBP only were previously used to provide this programming. Will the PDA be sending the AAAs extra funding to provide flu shot, blood pressure, etc. programming???

R46. No. See R5.

Q47. Section V. B. 3. Two workshops per AAA?

R47. Yes. Two or more PDA endorsed workshops will be required.

Q48. Section V. B. 5.a. How many participants does the PDA consider enough?

R48. That is based on the AAA's Health & Wellness Annual Plan Projections and timelines.

Q49. Section V. B. 5. C. Depending on when our AAA receives funding, we may not have even started our EBP for the fiscal year by the beginning of January.

R49. See Section V. B. 4. AAAs may submit a Request for Administrative Waiver if they are unable to meet this requirement.

Q50 Appendix C - A. This service delivery requires extra data entry time.

R50. See R42.

Q51. We believe that the scope of work called for in this document and the implementation requirements will be difficult to fulfill, but understand that they are, in fact, Federal requirements, and that PDA does not have discretion on the “whats” and the “hows”. Paramount to successful implementation of a Health and Wellness Program is the availability of frequent, easily-accessible staff trainings so that there can be qualified leaders in each community to provide the programs being required. Frequent to allow for staff turnover, changes in duties, etc., and to facilitate continuity of programming. Easily-accessible to assist in recruiting leaders and to have this not be seen as a burdensome assignment. By seeing that trainings are available often enough to keep available the necessary qualified leaders and are easily accessible so as not to have attendance be perceived as a hardship. PDA can do a great deal to help to build the quality Health and Wellness Program we all want for older Pennsylvanians. Thank you for your consideration of this comment.

R51. Thank you very much for your comment. PDA is very mindful of the time and effort that is invested in training staff. PDA will continue to offer trainings or communicate training opportunities for the PDA endorsed EBPs. In addition, PDA's Health & Wellness Program staff will begin offering regularly scheduled conference calls for AAAs Health & Wellness programs to provide networking and technical assistance.

Q52. Please clarify: IV. B. (pg2) – “Use Title IIID funds only for evidence-based programs.” Can State IIID monies be used to pay for non-evidence-based programs – i.e. aqua aerobics, yoga, Zumba?

R52. AAA's Health Promotion allocation has two components: the federal award for Title IIID (CFDA 93.043) and its mandated state match (85/15 split). If that is the state allocation you are referring to, it must be spent in accordance with the same guidelines as the federal funds. If however your AAA supplements its Health Promotion program with other funding (ex. Block Grant funding) your programs do not need to be evidence-based and can have a broader application.

Q53. IV. H. 9. (pg6) – “AAAs in accordance with the Cooperative Agreement may use state only funds not otherwise committed for Health & Wellness program health promotion activities....” Please clarify state only funds – State IIID funds or Aging Services/Block Grant funds?

R53. See R52.

Q54. We plan to train additional Lay Leaders in CDSMP. Is the Department planning to host CDSMP training locally?

R54. CDSMP lay leader trainings are offered based on the availability of CDSMP Master Trainers. See R6.

Q55. Does the Department hold license for CDSMP and/or DSMP or does each AAA need to apply for CDSMP license and DSMP license?

R55. PDA holds a license from Stanford University for both the English and Spanish versions of CDSMP and DSMP. AAAs are not required to purchase a license for these EBPs.

Q56. Page 2, III: The goals of PDA's Health & Wellness Program. I like and agree with Goals B and C; however, I'm not sure how we can address Goal A. I suggest changing or even eliminating Goal A. While functional decline is not necessarily inevitable, there are known physiological changes that normally occur with the aging process, and some decline will still occur. It is misleading to promote otherwise. The goal should reflect that we will encourage people to strive to be healthy and independent for as long as possible. It is never too late to make even small changes that can improve quality of life regardless of age.

Re: Goal D...In Goal C we are supporting people in making lifestyle choices to improve their health. In making lifestyle changes they may, in fact, actually utilize the health care system more if they are seeking outpatient support and guidance from their physician, a dietician, physical therapist, etc. Perhaps the intent of Goal D as it is currently stated is to actually decrease emergency department visits and decrease hospital admissions.

R56. Those are very well thought out observations. The purpose of Goal A is to educate older adults that they may remain active throughout their lives. The suggestion for modifying Goal D is a great way to measure the reduction of utilization of the health care system.

Q57. Page 3, C. Provide Health & Wellness programs...Because all AAAs will be required to offer HSOA, has any consideration been given to offering more frequent training for people who want to become workshop leaders? Also it would be very helpful if there were more training sessions offered in more rural locations throughout the state. Training is routinely offered where there is the greatest number of people interested which is always in the urban settings. Also, more advance notice of training is needed so that people can get it on their schedule.

R57. It is the plan to offer up to 5 HSOA classes this fiscal year. There must be a minimum of 10 people registered in the class or it will be cancelled. When planning HSOA trainings AAAs are given the opportunity to provide the location. Trainings are held due to the availability of the HSOA Trainer and suitable locations for the training.

Q58. Page 4, E. Rebranding from Prime Time Health to Health & Wellness: I agree with the change from Prime Time Health to Health & Wellness. It is simpler and more direct for our target audience.

R58. Thank you.

Q59. Page 5 IV PROGRAM REQUIREMENTS cont'd. H. 7. b. "program-related educational materials and supplies" Questions:

A. May Title III D funds be used to purchase healthy, calcium rich snacks that are used for label reading and education for the nutrition section of HSOA?

B. May Title III D funds be used to purchase exercise and fall related items such as weights, night lights and related items to be given away as door prizes to participants who complete both HSOA workshops, and to those participants who also then complete the 4-week follow-up?

R59A.No. See R5 and R24C.

R59B.No. See R 5 and R43.

Q60. Page 5 IV PROGRAM REQUIREMENTS cont'd. H. 7. h. "administrative costs"

A. I do not understand why Title III D funds may not be used for costs of staff time for delivering programs, yet an AAA may include administrative costs when subcontracting with a service provider.

B. Similarly, Title III D funds may not be used for "space". What if the only suitable facility for offering a program in a rural, underserved village that is many miles away from a senior center happens to be a non-profit community center, church, or volunteer fire company that charges a facility fee?

R60A.See R5.

R60B See R5.

Q61. Page 6, IV PROGRAM REQUIREMENTS CONT'D.9. It has been stated that AAAs can use "other funds" for health promotion activities. Please clarify/specify what other state funds you are referring to that AAAs receive that can be used for health promotion activities to address the PDA Health & Wellness priority areas.

R61. See Section IV, H, 9.

Q62. We are requesting the most current version of the approved Evidence-Based Programs List.

R62. See R9.

Q63. Why the name change? Make it PrimeTime Health and Wellness

R63. See R16.

Q64. For the small amount of money for programs, too much scrutiny/paperwork.

R64. See R1 and R42.

Q65. Can't pay the AAA when we do the work but we can hire subcontractors and pay them. Who then is responsible for all the SAMS work? Will the subcontractor have access to SAMS?

R65. AAAs are responsible for data entry into SAMS. Per ACL AAAs are paid for data entry through Title IIIB.

Q66. FORCED to pick a program that the state has invested in. Our participants don't want these programs. We can't be paid to run these programs. Let us pick our Evidence Based Program.

R66. Since 2012 there has been a requirement to conduct at least one PDA endorsed program. See Section V. B. AAAs may then provide additional ACL approved, EBPs based on their funding allocation paid through Title IIID.

Q 67. An annual plan? There will be so many deviations as our clients' needs change sometimes on a daily basis. No annual plan. This forces unwanted programming and seriously LIMITS choice and control by our consumers.

R67. It is a requirement to submit a Health & Wellness Annual Plan. The annual plan assists PDA in determining programmatic goals and future budgetary needs.

Q68. For the amount of money, we are not being compensated for any of this work.

R68. See R1.

Q69. In section V, B #2: "At the beginning of each fiscal year...": Is this due before the annual plan is due?

R69. No. PDA's Health & Wellness Staff will provide a list of PDA's endorsed EBPs. The current list is available to AAAs now and the first annual plan is due December 31, 2016.

Q70. I sent people to be trained in HSOA and they didn't feel that they received enough training and then refused to do any workshops.

R70. The HSOA trainer is available for technical assistance to the AAAs. Refresher videos on HSOA are available on the Long Term Living Training Institute's (LTLTI) website. In addition, Health & Wellness Program staff plan to offer regularly scheduled conference calls to provide technical assistance.

Q71. I also sent two teams of two to the CDSMP training to be lay leaders. Neither team was able to draw enough people to host the program and now their Leader is now no longer available.

R71. CDSMP Master Trainers work in pairs. Your staff may still reach out to other Master Trainers or to PDA's Health & Wellness staff for technical assistance.

Q72. Under Section V. Program Guidance, B. 1 – it states that for FY 2016-2017, the PDA-endorsed Health and Wellness programs in Healthy Steps for Older Adults, Chronic Disease

Self-Management Program, and Diabetes Self-Management. It does not mention 10 Keys to Healthy Aging. Would you please comment on this? In our agency, this has been an embraced program and very popular with those who teach it - as well as our participants. If possible, please consider adding this to the options.

R72. See R10.

Q73. In the past our AAA gave a \$75.00 stipend to the site location for every senior that completed the program. Is this still acceptable?

R73. No. See R5.

Q74. Area Agencies on Aging do not have to provide documentation on the evidenced based status of EBP if it is on the PDA preapproved list. However, does PDA Health & Wellness want to know if we have decided to implement one of those programs?

R74. EBPs are reported in the AAA's annual plan.

Q75. Page 1, II. After last line, would be helpful to refer to the definition in Section IV, B1.

R75. Excellent suggestion. This will be added.

Q76 Page 3, IV.C. Should it specify that programs should be provided "to older adults in at least one of the eight PDA Health and Wellness programs...?"

R76. Excellent suggestion. This will be added.

Q77. Page 4, IV.E. Will there be a new logo issued for "Health & Wellness?"

R77. At this time there are no plans to create a new Health & Wellness logo.

Q78. Page 5, IV. H. 7. h. Please clarify what constitutes administrative costs. The APD states that "Title IIID funds may not be used for administrative costs associated with delivering programs such as staff time or space." However, staff time and space used in the delivery of programs have always been considered to be direct costs, not administrative. This statement seems to contradict previously accepted practice. There are certain program-related activities associated with each evidence-based program that are essential components to success. These include: time spent recruiting new sites, scheduling programs, confirming dates, preparing program materials, reviewing the curriculum, in addition to delivering the program. Staff must perform these activities to assure success. These are activities that were previously allowed to be charged to the Title IIID grant and must continue to be allowable charges in order to deliver programs.

R78. See R5.

Q79. Appendix C

A. Specifies "data collection and reporting require monthly data entry of forms and service deliveries into SAMS/Mobile Assessments." Should participant's information be entered when they start the program or complete the follow-up? If they need to be entered when they start, what if they don't complete the program?

B. How is the service delivery different from the attendance log and workshop information cover sheet?

R79A. Participant information should be entered at the beginning of the program even if they do not complete the workshop.

R79B. The attendance log is a form independent of SAMS. The service delivery tracks the participant activity per workshop. Please refer to the Webinar: New SAMS Data Entry Forms HSOA – HSIM – CDSMP – DSMP held August 4, 2016.

Q80. The only question/concern that I have is:

- A. Will we be able account for paid staff time to prepare, conduct and document the programs outlined by the APD?
- B. Also will staff time be counted when preparing for and conducting the Health and Wellness advisory Committee? Are these allowable expenses?

R80A. See R5.

R80B. See Section IV. H. 7. j. 4).

Q81. Question regarding Part IV.G., which requires the establishment of a Health & Wellness committee. Is it permissible to use Title IIID funds to pay for staff time specifically relating to the establishment and maintenance of a Health & Wellness committee?

R81. No. See R80B.

Q82. Questions regarding provision IV.H.7.b, which states: "Funds may be appropriately used for costs related to implementation of the programs such as site set-up (equipment, books, compact discs (CDs), and program-related educational materials and supplies.) Under provision IV.H.7.b is food an allowable expense if the evidence-based program requires the provision of healthful snacks (e.g., as in the case of workshops conducted according to the Stanford University Chronic Disease Self-Management Program)? If not, then what source of funding is permissible for the purchase of food, if required?

R82. See R24C.

Q83. Is it permissible to use Title IIID funds to pay for the use of space at a facility where the evidence-based program is delivered?

R83. Yes. See R5.

Q84. Question regarding provision IV.H.7.g. which states "Funds may be used for advertising and marketing (e.g., brochures and flyers)." Are activities relating to the creation of marketing plans and advertisements and the procurement of related services or materials considered "marketing and advertising" expense or "administrative" expense?

R84. Administrative expense. See R5.

Q85. Questions regarding provision IV.H.7.h., which states: "Title IIID funds may not be used for administrative costs associated with delivering programs such as staff time or space....EXCEPTION: If the AAA subcontracts with a service provider to deliver the evidence-based program...then those contracts would define the specifics of the program and administrative costs and Title IIID funds may include administrative costs. In the case of an Area Agency on Aging that delivers an evidence-based program, if the evidence-based program has recordkeeping requirements are data entry, service delivery and reporting activities necessarily considered "implementation" functions and therefore, eligible for Title IIID funds? If not, please explain.

R85. See R5.

Q86. Is it permissible for Title IIID funds to be used for administrative costs when the subcontracted service provider is an Area Agency on Aging, (i.e., when one AAA contracts another AAA to deliver the program)?

R86. Yes.