



HEALTH PROMOTION AND DISEASE PREVENTION

Centralina Area Agency on Aging FY 2010 FUNDING APPLICATION PACKET



**FUNDING NARRATIVE
HEALTH PROMOTION DISEASE PREVENTION (HPDP)
MEDICATION MANAGEMENT AND EVIDENCE-BASED HEALTH PROGRAMS**

GENERAL INFORMATION

Statement of Philosophy and Purpose

Although aging itself is not a disease, the body may become more vulnerable to disease and other environmental insults with age. Many of the diseases and chronic conditions that affect older adults derive from life-style and environmental factors. Effective health promotion and disease prevention efforts can have a positive impact on addressing these factors and maintaining and/or improving the health and wellbeing of older persons. The purpose of the Health Promotion and Disease Prevention service is to provide programs and activities which will assist older adults in maintaining a healthy lifestyle and/or in identifying health problems or potential problems and to offer effective interventions to address these problems. *(NC DAAS Health Promotion and Disease Prevention Standards, Section I, page 2.)*

Centralina Area Agency on Aging seeks to IDENTIFY and FUND ONE Health Promotion Disease Prevention proposal in each county in Region F (Anson, Cabarrus, Gaston, Iredell, Lincoln, Mecklenburg, Rowan, Stanly, and Union).

Both the Administration on Aging and the North Carolina Division of Aging and Adult Services give particular attention to Evidence-based Health Promotion and Disease Prevention programs as they empower seniors to stay both active and healthy by utilizing Older Americans Act programs and new Medicare prevention benefits. Evidence-based Health Programs are programs which have been developed, researched, and rigorously tested in order to get consistent, desired results. These programs have demonstrated improved health benefits for participants, regardless of geographic location, as long as the program fidelity remains a priority. Access to Evidence-based Health Programs (EBHP) at the community level is a crucial component of success.

In order to remain consistent with the national strategy to promote and implement Evidence-based Health Promotion Programs in our North Carolina aging network, North Carolina Administrative Letter 09-5 dated February 2008, states that **“Effective July 1, 2009, each AAA is expected to allocate at least 25.96% of III-D funds for medication management and at least 35% of III-D funds for implementing evidence-based health promotion programs.”**

In order to be a successful applicant for the Centralina Health Promotion Disease Prevention funds, a program must:

SECTION I: PROVIDE A MANDATORY MEDICATION MANAGEMENT PROGRAM COMPONENT (A total of 25.96% of funding required for the region must be spent on medication management. 15.96% of the requirement to be met by counties and 10% to be met by Centralina)

Some allowable activities for the Medication Management component include:

1. Educate older adults about appropriate and safe use of their medications, medication management and proper disposal of medications which may include environmentally friendly disposal of prescription drugs.

2. Implement medication management programs that will assist older adults in better control of disease or chronic condition.
3. Help low-income older adults learn about financial assistance and other resources available for medications to maximize use of personal funds and to better manage disease. This can include Medicare Part D counseling, sign up and education.
4. Screening and education for older adults to prevent incorrect medication and adverse drug reactions.

SECTION II: PROVIDE A MANDATORY APPROVED EVIDENCE-BASED HEALTH PROGRAM (EBHP) COMPONENT (A total of 35% of funding required for the region must be spent on evidence-based health programs):

REGION F APPROVED Evidence-based Health Program List	
*Living Healthy: Stanford University Chronic Disease Self-Management Program (CDSMP)	Arthritis Foundation Exercise Program (AFEP)
	Arthritis Foundation Aquatics Program
*Matter of Balance Falls: Managing Concerns About Falls (MOB)	Fit and Strong
	Diabetes Self-Management Program (DSMP)

1. Each county must provide the number of evidence-based health programs according to the FY10 HPDP Funding Chart on page 4. A unit rate of \$600 per class has been established and Centralina will reimburse at 90% of the reimbursement rate, which will be \$540 per completed program.
2. To obtain the full reimbursement for a successfully completed EBHP
 - All classes must be instructed by at least one (1) agency staff or volunteer. Those classes requiring two certified leaders must continue to adhere to licensure standards (CDSMP, MOB, and DSMP).
 - All required paperwork must be submitted upon completion of the class. Documentation will include a sign in sheet, evaluation forms, HPDP Class Report Form (see Appendix A) and any other paperwork required by the program license.
3. ***Required program component:** All counties must offer a minimum of one (1) Living Healthy: Chronic Disease Self-Management Program (CDSMP) workshop and one (1) Matter of Balance workshop, in their entirety, during the funding period.
4. Other evidence-based health programs will be selected from the approved EBHP list to fulfill the remainder of the required classes.
5. All EBHP should have a minimum of 10 participants to be eligible for reimbursement. It is recommended that agencies over enroll prior to the beginning the first class and that classes should adhere to the recommended size suggested by the licensing organizations. A waiver form must be submitted to Centralina AAA for approval to conduct a class in which there are less than 10 participants before the workshop begins or if there are less than ten at the very first session (see Appendix B).

6. All agencies must comply fully with the individual EBHP requirements to ensure fidelity and consistency. This may include but not be limited to, on-site class monitoring by trainers, participant evaluations, participation in data analysis, and leader screening and training.
7. Reimbursement can be used for such items as staff salary, leader stipend, mileage, snacks, refreshments, materials and supplies, copying and printing, incentives or promotional items, and advertising costs. All other expenses should be approved by Centralina.
8. If your Agency is not able to provide all of the mandatory EBHP as listed in the chart on the FY10 Funding Chart on page 4, then list the number that you will be able to conduct in the proposal under the Section II Chart. Centralina will retain the unused funds to provide the workshop in your county at the same rate.
9. All EBHP classes must be executed, in progress or scheduled by March 1, 2010 in order to receive the HPDP funds. All workshops must be completed by June 30, 2010. Funds not expended for EBHP (required Component II) will be utilized by Centralina to provide additional courses or materials for the region.
10. Total reimbursement will not exceed the total amount of grant funds.

FY10 HPDP FUNDING CHART

County	Total Grant Funds	Total County \$ w/match	Number of EBHP Classes	Medication Mgmt. \$	Other
Anson	3,951	4,390	3	701	1,889
Cabarrus	8,592	9,547	5	1,524	5,023
Gaston	12,028	13,364	7	2,133	7,031
Iredell	9,416	10,462	5	1,670	5,792
Lincoln	6,052	6,725	3	1,073	3,852
Mecklenburg	29,595	32,884	16	5,248	18,036
Rowan	8,987	9,985	5	1,594	5,391
Stanly	5,380	5,978	3	954	3,224
Union	9,505	10,561	5	1,685	5,876

SECTION III. ACTIVITIES FOR REMAINDER OF HPDP FUNDS (REQUIRED)

1. Complete plan to expend remainder of the Title III-D funds.
2. These funds can be used according to completed Activities Chart.

SECTION IV. CONSUMER CONTRIBUTIONS (REQUIRED)

1. Successful applicants must comply with the NC Division of Aging and Adult Services Consumer Contribution Policy. (the complete policy may be found at <http://www.dhhs.state.nc.us/aging/consumercontributions.htm>)
2. Complete plan to solicit and accept voluntary contributions.

SECTION V. BUDGET (REQUIRED)

1. Assure that 15.96% of the costs are expenses associated with the Medication Management as described in Component I.
2. Complete the Line Item Budget of expenses.
3. Sign Standard Assurances

Who may apply:

1. A local government or other political subdivision of the state or a combination of such entities.
2. A non-profit organization.

Prohibited use of grant funds:

These funds cannot be used for:

1. Services covered under Medicare or Medicaid
2. Prescription or over-the-counter drugs/medications
3. Medical services or purchase of durable medical equipment.
4. Indirect costs or administrative salaries.

**COMPLETED COPY OF PROPOSAL WITH ORIGINAL SIGNATURES IS DUE TO
CENTRALINA AREA AGENCY ON AGING BY 12:00 NOON ON JUNE 19, 2009.
(NO EMAIL OR FAXED PROPOSALS ACCEPTED)**

**FUNDING NARRATIVE
HEALTH PROMOTION DISEASE PREVENTION (HPDP)
EBHP AND MEDICATION MANAGEMENT
FY 2010**

DATE: _____

COUNTY: _____

AGENCY:

PROJECT LEAD:

ADDRESS:

PHONE:

EMAIL:

NAME OF SUPERVISOR AND OTHER KEY STAFF FOR THIS PROJECT:

COMPONENT I: MEDICATION MANAGEMENT (REQUIRED)

I.A. COMPLETE THE CHART TO DESCRIBE HOW YOU WILL IMPLEMENT THE MEDICATION MANAGEMENT COMPONENT. THIS SHOULD INCLUDE THE NAME OF THE PROGRAM YOU PROPOSE, HOW MANY SESSIONS YOU PROPOSE FOR FY2010, THE NUMBER OF PEOPLE YOU WILL SERVE AND FUNDS NEEDED TO CARRY OUT THE ACTIVITY

Name of Program, Event or Activity	Number of Sessions/Events	Number Served	Funds Required
<i>(example) Brown Bag Medication Review</i>	3	<i>3 Sessions X 15 seniors at each event = 45 served</i>	<i>Staff salary for planning, printing costs for materials, payment to pharmacist, postage, advertisement = \$850</i>

I.B. IDENTIFY AGENCIES WITH WHOM YOU WILL COLLABORATE AND THE NATURE OF THE COLLABORATION (SIMPLY INDICATE "NA" IF THERE WILL BE NO COLLABORATION WITH OTHER AGENCIES ON THIS PORTION OF THE PROJECT.)



COMPONENT II: EBHP COMPONENTS/PROGRAMS (REQUIRED AS STATED IN SECTION II.) *PLEASE NOTE: ADDITIONAL EBHP CAN BE FUNDED UNDER COMPONENT III.

II. A. COMPLETE REQUIRED CHART LISTING WHICH EBHP YOU WILL IMPLEMENT (MUST INCLUDE AT LEAST ONE (1) MOB AND ONE (1) CDSMP CLASS PER EACH AGENCY)

*Required number of classes for your county: _____
 (Take number from FY10 Funding Chart on page 4.)

List the number of classes your Agency will offer of each EBHP:

EBHP	Required	Total Offered (include required)	Total Estimated Number of Participants
AFEP	NA		
Arthritis Aquatics	NA		
CDSMP	1		
DSMP	NA		
MOB	1		
Fit and Strong	NA		
TOTAL	-----		

*If your agency cannot fulfill the required number of workshops, list the number that you will conduct.

II.B. DESCRIBE OUTREACH EFFORTS TO PROMOTE EVIDENCE-BASED HEALTH PROGRAMS IN YOUR COUNTY, INCLUDE HOW YOU WILL RECRUIT PARTICIPANTS FOR WORKSHOPS.

II.C. IDENTIFY AGENCIES WITH WHOM YOU WILL COLLABORATE AND THE NATURE OF THE COLLABORATION (SIMPLY INDICATE “NA” IF THERE WILL BE NO COLLABORATION WITH OTHER AGENCIES ON THIS PORTION OF THE PROJECT.)

COMPONENT III: ACTIVITIES FOR REMAINDER OF HPDP FUNDS (REQUIRED)

***PLEASE NOTE: ADDITIONAL EBHP CAN BE FUNDED UNDER THIS SECTION AND WILL BE REIMBURSED AT THE UNIT RATE (Section II. #1, page 3) PER COMPLETED WORKSHOP. REIMBURSEMENT TOTAL WILL BE AS CLOSE TO THE FULL AMOUNT AS POSSIBLE BUT WILL NOT EXCEED THE ALLOTMENT FOR REMAINDER OF HPDP FUNDS.**

III. A. COMPLETE THE CHART TO DESCRIBE HOW THE REMAINDER OF THE HPDP TITLE III-D FUNDING WILL BE SPENT. FOR EXAMPLE, WHICH PROGRAMS OR EVENTS YOU WILL IMPLEMENT, NUMBER OF EVENTS OR SESSIONS, AND HOW MANY PEOPLE YOU INTEND TO SERVE.

Name of Program, Event or Activity	Number of Sessions/ Events	Number Served	Funds Required
<i>(example) Health and Wellness Fair</i>	1	500	<i>Staff salary for planning and set-up, printing costs for materials and flyers, equipment rental, giveaways, postage, advertisement, refreshments = \$1500</i>

III.B. IDENTIFY AGENCIES WITH WHOM YOU WILL COLLABORATE AND THE NATURE OF THE COLLABORATION (SIMPLY INDICATE “NA” IF THERE WILL BE NO COLLABORATION WITH OTHER AGENCIES ON THIS PORTION OF THE PROJECT.)

COMPONENT IV: CONSUMER CONTRIBUTIONS (REQUIRED)

NC DAAS Health Promotion and Disease Prevention Program Standards, Section VII. B. Records, Reports and Reimbursement, page 8

“Voluntary Contributions: In accordance with the requirements of the Older Americans Act, agencies must provide individuals receiving service the opportunity to contribute to the cost of the service. Eligible persons receiving Health Promotion and Disease Prevention services are subject to these requirements. Agencies must establish written policies and procedures governing the collection of voluntary contributions.”

III.A. **AGENCIES PROVIDING EBHP AND OTHER HEALTH PROMOTION AND DISEASE PREVENTION SERVICES WITH TITLE III-D FUNDING CANNOT CHARGE PARTICIPANTS FOR THOSE CLASSES OR SERVICES. DESCRIBE HOW YOUR AGENCY WILL NOTIFY AND SOLICIT CONSUMER CONTRIBUTIONS FOR RECIPIENTS OF HPDP SERVICES.**

COMPONENT V: BUDGET (REQUIRED)

V.A. _____ The line item Budget is attached.

V.B. _____ The Standard Assurances Form is signed and attached.

V.C. _____ (NON-PROFIT ONLY) A copy of the signed Conflict of Interest Policy is attached.

STANDARD ASSURANCES

1. Services will be provided in accordance with requirements set forth in:
 - a. Centralina Area Agency on Aging Procedures Manual
 - b. The North Carolina Division of Aging and Adult Services Policies and Procedures.
 - c. The Older Americans Act of 1965.
2. Priority will be given to older persons with the greatest economic or social needs, with particular attention to low-income minority individuals.
3. All licenses, permits, bonds, and insurance necessary for carrying out services will be maintained by the Community Service Provider and any contracted providers.

