



AGING PROGRAM DIRECTIVE

Table with 4 rows and 2 columns containing metadata: APD#, Issuance Date, Effective Date, Program Area, Disposition, Origin, and Contact.

Subject: Older Americans Act Title IIID Funding for Evidence-based Programs AND Health & Wellness Program (Rescinds and Replaces APD #16-04-01)

To: Pennsylvania Department of Aging, Area Agencies on Aging, Pennsylvania Association of Area Agencies on Aging

From: Robert Torres, Secretary (with signature)

I. Purpose: To provide information on the new U.S. Administration for Community Living (ACL) Title IIID evidence-based program (EBP) guidelines...

II. Background: The Pennsylvania Department of Aging (PDA) receives Federal funding through the Older Americans Act (OAA) Reauthorization 2016 Title IIID...

to serve older Pennsylvanians living in medically underserved areas of the state or who are of greatest economic need.

In the federal FY-2012, Congress changed appropriations language of the States Unit of Aging (SUA) Aging Formula Grant awards which reads, "Funding amount for Title III Part D section 361 of the Older Americans Act for Disease Prevention and Health Promotion may only be used for programs and activities which have been demonstrated through rigorous evaluation to be evidence-based and effective." The 2016 reauthorization added "evidence-based" into the Title IIID itself, affirming the language in the appropriations. ACL has developed a definition of evidence-based programs to support that mandate. Effective October 1, 2016, all SUAs must incorporate ACL's definition of evidence-based programs in order to use and receive Title IIID funds. See Section IV. B. for ACL's definition of evidence-based programs.

- III. Health & Wellness Mission:** The mission of PDA's Health & Wellness Program is to promote healthier lifestyles among older Pennsylvanians so that there is a measurable improvement in their quality of life and a subsequent reduction in overall healthcare costs.

The OAA 2016 Reauthorized stipulates that disease prevention and health promotion services are to be "evidence-based health promotion programs, including 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." (OAA 2016 Reauthorized Section 102 Subsection 14 D page 3).

Beginning in 2005, PDA has collaborated with educational institutions such as Stanford University, the University of California, Berkley, and the University of Pittsburgh, as well as other departments, such as the Pennsylvania Departments of Human Services and Health to foster evidence-based programming for the AAA network. PDA continues to provide training, support, and technical assistance to the AAAs for the PDA endorsed evidence-based programs.

The role of PDA's Health & Wellness Program is to research and interpret federal guidelines regarding the OAA Title IIID funding for disease prevention and health promotion services, coordinate efforts among community resources, act as a catalyst for the AAAs and PDA's Health & Wellness initiatives, and to provide training, technical assistance, and materials as appropriate for any of the PDA endorsed evidence-based programs. PDA continues to support AAAs to develop their local programs and to ensure that the Health & Wellness Program operates within these guidelines.

The goals of PDA's Health & Wellness Program are to:

- A. Abolish the myth that inevitable functional decline comes with age
- B. Empower older adults with the information they need to age well
- C. Support older adults in making lifestyle changes to improve their overall health
- D. Reduce the utilization of the health care system

**IV. Directives:** Each AAA is responsible for the continued delivery of a local Health & Wellness program. Each AAA must:

- A. Identify the responsible charge of the AAA's Health & Wellness programs. The responsible charge(s) is preferred to be someone other than the director or administrator of the AAA. The responsible charge(s) may or may not be part of the AAA staff complement. It is permissible for the responsible charge(s) of the AAA Health & Wellness program to be a staff member of a senior community center or other appropriate community organization. The responsible charge(s) will concentrate on the coordination of disease prevention and health promotion activities, be the primary contact to PDA's Health & Wellness Program, as well as, coordinate the AAA compliance with this APD.
- B. Use Title IIID funds only for evidence-based programs. Title IIID funds are administered by PDA through a grant from the ACL. In FY-2012, the Title IIID appropriation legislation required OAA Title IIID funds to be used only for programs which have been demonstrated through rigorous evaluation to be evidence-based and effective. The legislation for this mandate is in Section 361 Older Americans Act of 1965 Reauthorization Act of 2016 (P.L. 114-144) and is referenced at the ACL website: <https://acl.gov/programs/health-wellness/disease-prevention>.
  1. In order to meet these funding mandates, the PDA's Health & Wellness program must now require that Title IIID funded disease prevention and health promotion programs meet the following guidelines:
    - a. Demonstrated through evaluation to be effective for improving the health and wellbeing or reducing disease, disability and/or injury among older adults, *and*
    - b. Proven effective with older adult population, using Experimental or Quasi-Experimental Design;\* *and*
    - c. Research results published in a peer-review journal; *and*
    - d. Fully translated\*\* in one or more community site(s); *and*
    - e. Includes developed dissemination products that are available to the public.

*\*Experimental designs use random assignment and a control group. Quasi-experimental designs do not use random assignment.*

*\*\*For purposes of the Title III-D definitions, being "fully translated in one or more community sites" means that the evidence-based program in question has been carried out at the community level (with fidelity to the published research) at least once before. Sites shall only consider programs that have been shown to be effective within a real world community setting.*

**OR**

2. To maintain continuity across the U.S. Department of Health and Human Services (HHS), ACL also allows Title IIID funding for programs that:
  - a. Have been deemed an "evidence-based program" by any agency of HHS, AND
  - b. Are appropriate to prevent disease and promote health among older adults

HHS has eleven agencies. Many of those agencies have compiled registries of evidence-based programs. A list of these eleven agencies are available at:

<http://www.hhs.gov/about/agencies/hhs-agencies-and-offices/index.html>

In addition, a list of resources to identify evidence-based programs is in Appendix A.

- C. Provide Health & Wellness programs to older adults in at least one of the seven PDA Health & Wellness Program priority areas: exercise, nutrition, chronic conditions, mental health, injury and disease prevention, medication management, and substance abuse. While addressing these priorities, PDA endorses the following evidence-based programs: Healthy Steps for Older Adults (HSOA), Healthy Steps in Motion (HSIM), Chronic Disease Self-Management Program (CDSMP), Diabetes Self-Management Program (DSMP), and Chronic Pain Self-Management Program (CPSMP). PDA supports HSOA, HSIM, CDSMP, DSMP, and CPSMP for all 52 AAAs. Effective July 1, 2020, all AAAs must offer at least one of PDA's endorsed Falls Prevention programs, which are identified as either HSOA or HSIM, as a selected Health & Wellness Program for each state fiscal year. In addition, effective July 1, 2020, all AAAs must offer at least one of PDA's endorsed Chronic Disease Self-Management Education (CDSME) programs which are either CDSMP, DSMP, or CPSMP, as a selected Health & Wellness Program for each state fiscal year. PDA will continue to evaluate other evidence-based programs to endorse as they become available and as funding allows.
- D. Meet the program type guidelines that OAA has defined as evidence-based at the ACL Administration on Aging (AoA) website: <https://acl.gov/programs/health-wellness/disease-prevention>
- E. Conduct all disease prevention and health promotion activities offered through the AAA network under the name Health & Wellness, regardless of how they are funded. Programs that were previously promoted under the name "PrimeTime Health" will now be referred to using the label "Health & Wellness." It is no longer required to use the name PrimeTime Health or related imagery when conducting or promoting these programs.
- 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. All contributions and third party payor funds must be reinvested back into the Health & Wellness programs.
- G. Establish a Health & Wellness Advisory Committee or a Health & Wellness subcommittee of an existing AAA Advisory Board. This committee is to meet at least once a year to discuss goals and plans for the Health & Wellness program. A copy of the minutes are to be submitted via email to [wellness@pa.gov](mailto:wellness@pa.gov) by December 31 of each calendar year.

The purpose of this advisory committee is to review community specific health risk assessment data and to assist the AAA in developing yearly program goals to improve the health status of the older adults in their community. Suggested

resources for health risk assessment data are available in Section V. Program Guidance of this APD (page 6).

- H. Establish yearly program goals within one or more of the allowable state-level priority areas (see section IV. C.) including activities outlined in the OAA 2016 Reauthorized.
1. Submit a Health & Wellness Program Annual Plan (via email to [wellness@pa.gov](mailto:wellness@pa.gov)) for any program funded by Title IIID by March 15 for the following state fiscal year (July 1 through June 30).
  2. The following information is required for the AAA's Health & Wellness Program Annual Plan:
    - a. State Priority area(s) the program will address
    - b. Title of the program
    - c. Program goals
    - d. Number of workshops the program will offer during the state fiscal year
    - e. Anticipated number of participants for each workshop
    - f. Anticipated total number of participants for each program
    - g. Staff Readiness: Identify the staff trained to conduct the program or the number of staff needed to be trained
    - h. Costs - This can include: licensing fees, training, materials needed, staff time, etc.
    - i. Documentation that the program is evidence-based as identified in Appendix A. (Documentation will not be required for PDA endorsed evidence-based programs and/or PDA approved evidence-based programs. PDA will maintain a list of approved evidence-based programs.) (See Appendix A)
    - j. If the program is not funded by Title IIID, indicate the funding source.
  3. The AAA's Health & Wellness Program Annual Plan shall be submitted in the format demonstrated in Appendix B.
  4. If the AAA modifies its plan after the plan has been approved by the department, a PDA Request for Administrative Waiver form must be submitted with a copy of the requested modified plan and include the documentation as identified in Appendix A for any new evidence-based programs added to the plan. If the AAA plans to discontinue any Health & Wellness programs, the AAA must contact PDA's Health & Wellness staff at [wellness@pa.gov](mailto:wellness@pa.gov) for consultation prior to discontinuing the program.
  5. By September 30, submit (via email at [wellness@pa.gov](mailto:wellness@pa.gov)) an annual Health & Wellness report on the accomplishments of the previous fiscal year's Health & Wellness plan. The PDA Health & Wellness staff will provide a format of the report at the beginning of each fiscal year.
  6. Report required data in the web based data system, Social Assistance Management System (SAMS)/Mobile Assessments, for all evidence-based programs as identified in Appendix C.
  7. Maintain the integrity of Federal funding by using Title IIID monies within these guidelines for direct program costs listed as follows:
    - a. Programs and activities must meet the evidence-based criteria as outlined in Section IV.B. of this APD.
    - b. Funds may be appropriately used for costs related to implementation of the program such as site set-up (equipment, books, compact discs [CDs], and program-related educational materials and supplies).

- c. Funds may be used for a proportion of staff time when that staff is delivering the evidence-based program.
  - d. Funds may be used for the time utilized by a subcontracted professional/certified trainer to conduct a program. Per AoA guidelines: The certifications or licenses for any professional or credentialed services applied to Title IIID funds shall be kept on file by the AAA. This includes licenses for a physician, registered nurse (RN), licensed practical nurse (LPN), dietician, diabetic educator, dentist, physical therapist, audiologist, or the certificates of completion for Master Trainers and Lay Leaders.
  - e. Funds may be used for travel to trainings or for securing program sites.
  - f. Funds may be used for the costs associated with training of staff or volunteers for the program (e.g. travel, hotel, subsistence, and registration fee).
  - g. Funds may be used for the costs associated with purchasing the EBP license.
  - h. Funds may be used for advertising and marketing (e.g. brochures and flyers). PDA's Health & Wellness label requirements are in Section IV.E. of this APD.
  - i. Funds may be used for space rental for the time that space is being used to deliver an EBP program.
  - j. Title IIID funds may **not** be used for administrative costs associated with delivering programs such as:
    - 1) Salaries of staff outside of time delivering evidence-based programs.
    - 2) Materials and supplies not recommended or required for the evidence-based program.
    - 3) Advocacy, planning, coordination, information sharing, brokering, monitoring, and evaluation functions for the development and maintenance of comprehensive and coordinated community-based systems.
    - 4) Area planning activities that are expected to be conducted for all Older Americans Act funded programs.
  - k. 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.
8. Due to licensing requirements, all licensed materials, handouts, and CDs under state contract with another entity, such as Chronic Disease Self-Management Program under Self-Management Resource Center's license, are not allowed under law to be duplicated. Such materials may be ordered by PDA's Health & Wellness staff or the AAA can order them through the appropriate vendor.
  9. In accordance with the Cooperative Agreement, AAAs may use Title III-B, III-C, III-E, or state only funds not otherwise committed for Health & Wellness program disease prevention and health promotion activities such as health fairs, flu shots, blood pressure checks, programs not evidence-based, exercise classes, etc., to address PDA Health & Wellness priorities or priority areas (see Section IV.C.).

**V. Program Guidance:** This section of the APD provides the guidance necessary for planning and operating disease prevention and health promotion programs under the new OAA Title IIID mandates.

Each AAA shall:

- A. Establish yearly program goals in accordance with the OAA and within one or more of the PDA Health & Wellness priority areas. AAAs may reference the following for guidance:
  1. The current four year State Plan on Aging
  2. The current AAA four year area plan
  3. National Council on Aging (NCOA) website (<http://www.ncoa.org/>)
  4. Community-Needs Assessment tools
  5. Robert Wood Johnson Foundation's County Health Rankings and Roadmaps (<http://www.countyhealthrankings.org/>)
  6. Health Resources and Services Administration Data Warehouse Medically Underserved Area Find (<https://datawarehouse.hrsa.gov/tools/analyzers/maufind.aspx>)
  
- B. Conduct, at a minimum, one workshop of the PDA endorsed evidence-based Falls Prevention programs and, at a minimum, one workshop of the PDA endorsed evidence-based CDSME programs for each state fiscal year. After meeting the PDA requirement, AAAs may then provide additional ACL approved, evidence-based disease prevention and health promotion programs based on their funding allocation.
  1. For FY 2019-2020, the PDA endorsed evidence-based programs are: Healthy Steps for Older Adults (HSOA), Healthy Steps in Motion (HSIM), Chronic Disease Self-Management Program (CDSMP), Chronic Pain Self-Management Program (CPSMP), and Diabetes Self-Management Program (DSMP). The PDA endorsed evidence-based Falls Prevention programs are HSOA and HSIM. The PDA endorsed evidence-based Chronic Disease Self-Management Education (CDSME) programs are CDSMP, CPSMP, and DSMP.
  2. At the beginning of each state fiscal year, PDA's Health & Wellness staff will announce the PDA endorsed evidence-based programs. This may change from one fiscal year to the next due to additional PDA endorsed evidence-based programs and/or availability of funds.
  3. Under Title IIID funding, AAAs shall successfully complete all forms and SAMS/Mobile Assessments data entry reporting requirements and written reporting requirements for all PDA endorsed evidence-based program workshops and PDA approved evidence-based program workshops conducted by the AAA. (see Appendix C)
  4. Any AAA unable to meet the new requirements under this APD after receiving the funds will need to submit a PDA Request for Administrative Waiver form giving sufficient reason for their inability to meet at least the minimal requirement.
  5. PDA will monitor AAA's compliance with this APD and in accordance with the AAA's Health & Wellness Program Annual Plan by:
    - a. Monitoring use of funds, as well as, program and participant accrual rates in SAMS/Mobile Assessments, and will evaluate by mid-year if an AAA does not appear to be recruiting enough participants to meet year-end goals or implementing programs identified in the AAA's Health & Wellness Program Annual Plan.
    - b. PDA's Health & Wellness staff may provide or be available upon request to provide technical assistance in marketing and recruitment efforts.

- c. A programmatic review will be conducted at the beginning of the third quarter of the state fiscal year to evaluate if participant accrual rates and Health & Wellness activities are meeting projections identified in the AAA's Health & Wellness annual plan.
  - d. Benchmark reports will be provided on a quarterly basis to assist in monitoring AAA participation and annual Health & Wellness plans.
  - 6. All funds not expended in accordance with this APD will be required to be returned to PDA in accordance with the Cooperative Agreement.
- C. Regardless of funding stream, either Aging Block Grant or Title IIID funds, AAAs are responsible to set their own rate agreements with subcontractors. Therefore, AAAs are encouraged to ensure that the rates are reasonable and based on local market value.

All acronyms used in this APD are located in Appendix D.

**Attachments:** Appendix A: Evidence-based Program Documentation and Resources  
Appendix B: Health & Wellness Program Area Agencies on Aging Annual Plan Format  
Appendix C: Data Reporting Requirements for Health & Wellness Programs  
Appendix D: Glossary of Acronyms



**Appendix A**  
**Ageing Program Directive (APD) #19-04-01**  
**Older Americans Act Title IIID Funding for Evidence-Based Programs**  
**And Health & Wellness Program**

**Evidence-Based Program (EBP) Documentation and Resources**

The United States Administration for Community Living (ACL) by way of the Pennsylvania Department of Aging (PDA) requires Area Agencies on Aging (AAA) to select and document that programs using Title IIID funding are evidence-based. The information and resources below are intended to provide guidance to AAA staff for the Health & Wellness Program in choosing and documenting evidence-based programs (EBP) under the ACL Title IIID program requirements effective October 1, 2016.

PDA endorses several EBPs including Healthy Steps for Older Adults (HSOA), Healthy Steps in Motion (HSIM), Chronic Disease Self-Management Program (CDSMP), Chronic Pain Self-Management Program (CPSMP), and Diabetes Self-Management Program (DSMP). These programs are available to the AAA at little or no cost.

**Documentation of evidence-based programs**

AAAs may choose to implement programs that are on PDA's approved list of EBPs. Selecting programs from this list requires no further documentation of the evidence-based status of the program. AAAs may request the most current version of the approved EBP list by contacting PDA's Health & Wellness staff at [wellness@pa.gov](mailto:wellness@pa.gov).

The PDA approved EBP list is not all inclusive. Recommended resource websites are listed below. When considering an EBP from an alternative source, be certain to verify with the program developer that the program is still active and that all program materials are available. Additionally, please confirm the program implementation costs, including costs for training, staffing requirements, and licensing agreements. The PDA Health & Wellness staff must approve program selections not on the PDA approved EBP list. AAAs must submit to [wellness@pa.gov](mailto:wellness@pa.gov) the following information for programs not on the PDA approved EBP list:

- 1) **Name of program**
- 2) **Brief description of program**
- 3) **Website screenshot of program which includes language classifying the program as evidence-based.**
- 4) **Website link to program**

All approved EBPs must be included in the AAA Health & Wellness Program Annual Plan according to the schedule identified in the APD, Section IV, H., 1.

**Evidence-based programs resource list**

- A. **Toolkit on Evidence-Based Programming for Seniors -**  
<http://www.evidencetoprograms.com/>

The toolkit contains materials that build the capacity of community organizations to promote senior health and well-being through evidence-based programming. This site offers a comprehensive guide on finding and implementing EBPs in a community setting.

- B. **Evidence-Based Program Resources from the National Council On Aging (NCOA)** - <https://www.ncoa.org/center-for-healthy-aging/basics-of-evidence-based-programs/>

This site provides a guide to understanding, implementing, and building a business case for EBPs.

- C. **Evidence-Based Leadership Council** - <http://www.eblcprograms.org/>

This organization represents a small but notable group of EBPs that are shown to improve older adult health. They also offer a fact sheet on EBPs, **Evidence-Based Program 101 Fact Sheet**, which can be accessed at [http://www.eblcprograms.org/docs/pdfs/EBPs\\_101.pdf](http://www.eblcprograms.org/docs/pdfs/EBPs_101.pdf)

- D. **Aging and Disability Evidence-Based Programs and Practices (ADEPP) from ACL** – <https://acl.gov/programs/strengthening-aging-and-disability-networks/aging-and-disability-evidence-based-programs>

A limited number of program interventions that have completed the ADEPP review and summary process. The program intervention summaries provide key information about evidence-based interventions that can be readily disseminated and replicated at the community level. ADEPP inclusion does not constitute an ACL endorsement of specific interventions.

- E. **Evidence-Based Practices Resource Center from the Substance Abuse and Mental Health Services Administration (SAMHSA)** – <https://www.samhsa.gov/ebp-resource-center>

SAMHSA is committed to improving prevention, treatment, and recovery support services for mental and substance use disorders. This new Evidence-Based Practices Resource Center aims to provide communities, clinicians, policy-makers, and others in the field with the information and tools they need to incorporate evidence-based practices into their communities or clinical settings. The Resource Center contains a collection of scientifically-based resources for a broad range of audiences, including Treatment Improvement Protocols, toolkits, resource guides, clinical practice guidelines, and other science-based resources.

- F. **Research-tested Intervention Programs (RTIPs) from the National Institutes of Health's (NIH) National Cancer Institute (NCI)** - <http://rtips.cancer.gov/rtips/index.do>

This is a searchable database designed to provide easy access to evidence-based cancer control interventions and program materials. Filter by “Older Adults (65+ years)” when searching the database of evidence-based programs.

**Appendix B**  
**Aging Program Directive (APD) #19-04-01**  
**Older Americans Act Title IIID Funding for Evidence-Based Programs**  
**And Health and Wellness Program**

**Health & Wellness Program Area Agencies on Aging Annual Plan Format**

Area Agencies on Aging (AAA) are to submit a Health & Wellness Program Annual Plan in accordance with Section IV. H. of this APD for approval and in the format below:

State Priority	Title of Program	Program Goals	Number of Workshops	Anticipated number of participants per workshop	Total number of anticipated participants per program	Staff Readiness	Costs		Documentation of Evidence-based Program	Funding Source if not funded by Title IIID.
Injury and Disease Prevention	HSOA	Falls risk assessment, education, referral	6	15	90	2 staff trained Will need to train 2 more staff as both are retiring in January.	Travel expenses for training 2 new staff	\$200	N/A	N/A
							1 staff 4 hours for each workshop	\$600		
							Total	\$800		
Chronic Condition	CDSMP	Improve self-management of disease; reduce admissions to hospital or physician office	3	10	30	Plan to train 2 staff to be Lay Leaders	Registration Fee	\$120	N/A	N/A
							Travel expenses	\$500		
							Total	\$620		
Medication Management	XYZ evidence-based program	One on One Medication Management	100	1	100	Have 2 nurses that will need trained	Purchase license	\$2,000	Required Documentation is attached	N/A
							purchase 100 books	\$2,000		
							Send 2 staff to Atlanta for training	\$6,000		
							Total	\$10,000		
Exercise/ Injury and Disease Prevention	HSIM	Falls prevention to improve strength, flexibility, and balance	5	12	60	2 staff trained	Space rental	\$2,000	N/A	Title IIIB
							weights	\$150		
							Total	\$2,150		
Exercise	Yoga	Exercise Class	10	20	200	2 staff are yoga instructors	Space rental	\$2,000	N/A	State Funds
							yoga mats	\$500		
							Total	\$2,500		
Total Title IIID Participants					220	Total Title IIID	\$11,420			
Total other funded Participants					260	Total Non IIID	\$4,650			
Total Health & Wellness Participants					480	Health & Wellness Total	\$16,070			

Any questions about the format or for a copy of the required Excel template may be requested by contacting the Pennsylvania Department of Aging (PDA) Health & Wellness staff at [wellness@pa.gov](mailto:wellness@pa.gov).

**Appendix C**  
**Aging Program Directive (APD) #19-04-01**  
**Older Americans Act Title IIIID Funding for Evidence-Based Programs**  
**And Health & Wellness Program**

**Data Reporting Requirements for Health & Wellness Programs**

The web-based software applications Mobile Assessments and the Social Assistance Management System (SAMS) are the Pennsylvania Department of Aging's (PDA) official systems of record for recording consumer demographics, program information, and Area Agency on Aging (AAA) activities. All data must be entered in these systems for accurate federal and state reporting. All required Health & Wellness Program forms are located on the Long-Term Living Training Institute website at [www.ltltrainingpa.org](http://www.ltltrainingpa.org).

AAAs must ensure that all Health & Wellness evidence-based program activities funded under Title IIIID be reported into the Mobile Assessments and SAMS as follows:

- A. Healthy Steps for Older Adults (HSOA) data collection and reporting require monthly data entry of forms and service deliveries into SAMS/Mobile Assessments. Consumer demographic and programmatic data is entered using the following HSOA forms: participant registration form, workshop evaluation form, referral form, and participant four-week follow-up form, and a service delivery to track the number of participants taking the workshops. A workshop information cover sheet must be entered to track number of workshops.
- B. Chronic Disease Self-Management Education (CDSME) Programs which include: Chronic Disease Self-Management Program (CDSMP), Diabetes Self-Management Program (DSMP), and Chronic Pain Self-Management Program (CPSMP) require monthly data entry in SAMS/Mobile Assessments. Semi-annual (December 30) and end of year (June 30) progress reports are due to PDA's Health & Wellness Program specialists for both federal and Self-Management Resource Center reporting for these programs. CDSME forms include the participant information survey and the workshop information cover sheet. A service delivery for each participant taking a workshop is also required.
- C. For all other evidence-based programs, an evidence-based program registration form requires monthly data entry into SAMS/Mobile Assessments, as well as a service delivery to track the number of participants taking the workshops. A workshop information cover sheet must be entered to track the number of workshops. NOTE: For evidence-based programs that are conducted as ongoing programs, participants must be reregistered, and a service delivery must be entered in SAMS/Mobile Assessments for each participant for every quarter that they remain in the program. In addition, a workshop information cover sheet must be entered to track the number of workshops each quarter. Ongoing programs will be identified as ongoing by Health & Wellness Program staff at the beginning of each state fiscal year.

Specific data entry instructions forms and service deliveries can be found on the Long-Term Living Training Institute website at <http://www.ltltrainingpa.org/>.

AAAs may request copies of the required Health & Wellness forms and request Health & Wellness data entry technical assistance by contacting the PDA's Health & Wellness staff at [wellness@pa.gov](mailto:wellness@pa.gov).

**Appendix D**  
**Ageing Program Directive (APD) #19-04-01**  
**Older Americans Act Title IIID Funding for Evidence-Based Programs**  
**And Health & Wellness Program**

<b>Glossary of Acronyms</b>	
AAA	Area Agency on Aging
ACL	Administration for Community Living
ADEPP	Aging and Disability Evidence-Based Programs and Practices
AoA	Administration on Aging
APD	Aging Program Directive
CD	Compact Disc
CDC	Centers for Disease Control and Prevention
CDSME	Chronic Disease Self-Management Education
CDSMP	Chronic Disease Self-Management Program
CPSMP	Chronic Pain Self-Management Program
DSMP	Diabetes Self-Management Program
EBP	Evidence-Based Program
HHS	Health and Human Services
HSOA	Healthy Steps for Older Adults
HSIM	Healthy Steps in Motion
LPN	Licensed Practical Nurse
NCI	National Cancer Institute
NCOA	National Council on Aging
NIH	National Institutes of Health
OAA	Older Americans Act
PDA	Pennsylvania Department of Aging
RN	Registered Nurse
RTIPs	Research-Tested Intervention Programs
SAMHSA	Substance Abuse and Mental Health Services Administration
SAMS	Social Assistance Management System
SUA	State Unit of Aging