# MOVING ON UP! OAA Title IIID Funds - Disease Prevention and Health Promotion Webinar on the Evidence-Based Requirement

## Moderator: Danielle Nelson

**June 4, 2014**

**2:00 pm CT**

Coordinator: Welcome and thank you for standing by. At this time all participants will be in a listen only mode until the question and answer session of today’s call.

At that time you can press Star 1 to ask a question from the phone lines. I’d also like to inform the parties that today’s call is being recorded. If you have any objections you may disconnect at this time.

I’d now like to turn the call over to Ms. Danielle Nelson. Thank you and you may begin.

Danielle Nelson: Hi. Thank you for being on today’s Webinar. I just want to quickly say hello and welcome and let you know that our main goal of today’s Webinar is really to hear from you, The Aging Services Network.

We do have some important news to share with you regarding Older Americans Act Title IIID. And after we deliver the message we want to open up the phone lines as well as the chat function of WebEx to hear from you.

So without further ado I’m going to pass things over to our first speaker on today’s Webinar who is Greg Case. Greg-

Greg Case: Thank you Danielle. Good afternoon and welcome to this Webinar on older Americans Act Title IIID, Disease Prevention and Health Promotion Services.

Title IIID of the Older Americans Act was established in 1987. It provides grants to states and territories based on their share of the population aged 60 and older for evidence based health promotion programs which reduce the need for more costly medical intervention.

The priority is given to serving elders living in medically underserved areas of the state who are of greatest economic need.

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

AoA developed a graduated or tiered set of criteria for defining evidence based interventions implemented through the Older Americans Act.

The definition was developed based off of HHS sister agencies evidence based definitions. However we included a minimal and intermediate criteria in order to allow the network to catch up to the new requirement.

All states are encouraged to have a phase-out date for when their IIID funding will meet only highest level criteria.

Communities should check with their State Unit on Aging for the current state specific Title IIID requirements.

There is a Title IIID highest tier criteria evidence based disease prevention and health promotion programs cost chart on the AoA IIID Web page. It includes 43 different programs. It is not an exhaustive list of interventions.

Program submission was a voluntary self-nominating process in which intervention developers elected to participate.

Programs do not need to be listed on this web page to be an appropriate use of OAA Title IIID funds.

However interventions must be evidence based as outlined in the EB criteria.

The evidence based definition should be used as a checklist to determine if a program is evidence based.

Each of the eight bullets need to be checked off in order for a program to be considered a highest level criteria evidence based program.

AoA is no longer taking evidence based program submissions for the IIID Web page or cost chart. ACL now has a new process for reviewing evidence based programs.

Visit the ACL Aging and Disability Evidence-based Programs and Practices Web page to get a new process - a list of a programs which have gone through the new review process to date.

The eight programs are also eight of the 43 included on the IIID highest level cost chart.

All programs must meet highest level criteria to be considered an Aging and Disability Evidence Based program.

It just a moment you’ll hear more about the ADEPP process from Bob Hornyak.

Unlike medication management set-aside requirements once found in the appropriations language for Title IIID it looks like the evidence based requirements is here to stay.

The reason being it is included in the OAA reauthorization markups which have made it through the Senate Reauthorization Committee.

The screen captures you see here include the markup of the OAA reauthorization which includes the evidence based requirement inserted.

The takeaway from this slide is the evidence based requirement that became law through the 2012 congressional appropriations, the law that Congress passes to give us Older Americans Act funding looks like it’s here to stay thanks to future OAA reauthorization.

It’s important we move toward and continue implementing Congress’ ask that all IIID funding be used for programs and activities which have been demonstrated through rigorous evaluation to be evidence based and effective.

Several states now require highest level evidence based programs for OAA Title IIID funding. We applaud these states.

A few other states report moving in this direction indicating they plan to use a phase-out date and/or increasing percentage requirement to get to the 100% highest level.

We encourage states who have upcoming state plans to consider doing the same and in communicating your IIID intentions through the state planned process.

Several states have also created internal processes for reviewing and approving evidence based programs.

The Florida Department of Elder Affairs encourages the highest level criteria. They created a tool to help in improving evidence based programs in determining which tier the services fall under.

In Florida triple As must inform the state prior to delivering a new evidence based program not listed in the contract or the service description handbook.

The AAA is then required to submit all the necessary information to the department so that they can make a decision about whether or not the activity is an evidence based program meeting the current AoA three-tiered criteria.

Now I’d like to pass things along to our next speaker. We asked Miss Laura Trejo to be on today’s Webinar to share her - to share how her AAA has moved to highest level criteria. From the city of Los Angeles please welcome Mrs. Laura Trejo.

Laura Trejo: Thank you. I’m really excited to be here as part of this Webinar. Los Angeles has been on the long course for implementing evidence based health promotion programming in our communities.

And I prepared a deck of slides. I’m not going to go through it so I encourage all the listeners to please view it after the presentation.

Los Angeles is a very large population. Our needs assessments repeatedly tell us that we have a lot of seniors with disabilities who are reporting a great deal of need and terms of having viable opportunities for improving and controlling their health.

We also have had a long history of working in this area with our colleagues at the Administration of Aging and ACL and at a local level with our partners.

I want to encourage all area agencies to really look at this as a great opportunity to reach out to academic institutions, health systems and others as we have done to leverage these resources.

If we could go to the next slide please, the next one. I’ve also shared with you some of our sort of the way that we’ve embedded it.

We’ve actually created what we call the Los Angeles Wellness Centers Network which means all of our senior centers participate as part of delivering these services in the community.

But we’ve directed the IIID funds. Including other resources we been able to match actually the federal language, gave us some of that opportunity to really encourage that we can match other funds locally.

We’ve also utilize the language to develop I think very unique partnerships like the one we have with the LA Unified School District which right now is probably worth about $3 million to us.

We’ve trained hundreds of leaders in the community by engaging local community colleges and others to work with us.

So we’re very really pleased with how our small allocation has really blossomed into giving us lots of opportunities.

I’ve also included as part of my deck some other examples of work that we’ve been doing locally to sort of expand and really engage our providers in innovation and creating new opportunities for creating wellness in the community.

If we can go to the next slides very quickly I will just mention I gave you a sense of our process. As you can see over time we actually contract for completers, not for participants.

So that’s highly encouraged our network to really look at making sure that people are staying through the process of these workshops.

We currently have about a 60% to 80% retention rate to which we’re very proud of. As you can see we have a small array of choices that we issued through our contracts that our agencies can use. And we also have a process for them to nominate programs that they would want to do at the local level.

Next slide please. This is just some photos for you to see our seniors enjoying themselves and getting healthier.

Next one. This is our active start. This was actually an administration on Aging grant that we shared with Oasis Institute. We’re very proud of this. There’s also an article if you want to learn more about our work in terms of implementing these programs at the local level.

The next slide speaks to our extra gamers' wellness using technology. The Connect Xbox and Microsoft’s Health Vault which is free of charge available online could get seniors more engaged in really owning their health decisions.

And the next slide is On the Move which an the actual docu series that we developed to highlight all of our evidence based programs citywide and encourage seniors kind of like the Biggest Loser model so that they would engage in fun activities that make them healthier over time.

That’s on YouTube if you want to see them. I encourage you to think about how to utilize. We actually went to a public access television program and they developed the shows for us.

Next slide. This is just a list of all of our programs. As you can see we actually have as part of our contract requirement is that we use the highest level programs already and so most of ours are at Level III.

Next this is just another opportunity. As part of our work we keep looking to who has money and resources. We actually launched with our public Health Department our Alliance for Community Health and Aging really to promote self-management education and evidence based programs around our entire county.

And so that is being extremely well-received by the community, as you can see we have over 80 partners already.

I think that’s what I wanted to share with you is that we have found tremendous opportunity for reaching out to partners in the health environment and academic setting and it other allied areas that normally would not work with us.

So for us the 3D focus on evidence based programs has been very, very fruitful. And we believe that we can have communitywide impact on population health. Thank you.

Danielle Nelson: Wow that was very quick and efficient. Thank you so much Laura Trejo for being with us today.

Laura Trejo: Thank you.

Danielle Nelson: I now want to turn things over to another Laura, this one being Laura Lawrence.

Laura Lawrence: Yes. Thanks Danielle. Thank you Laura for everything you’re doing in LA -- your partnerships, and the fact that you like our Title IIID highest level criteria. It’s all very impressive and humbling as well, so thank you. Plus I like your name too!

Okay so I imagine by now some of you listening to this Webinar have already figured out why we called it Moving On Up.

The future of Title IIID funding is that we’re moving on up to only the highest level criteria. But we’re not there yet so stick with us. Let me digress a little and talk a bit more about the past.

I know that Greg talked about it a little bit but it’s important to understand so that we can pave the way for how we’re going to move on up in the future.

So as Greg told us earlier the law changed midyear in 2012, requiring Title IIID funds to be used only for evidence based programs.

So back in 2012 we consciously and purposely developed this three-tiered definition of evidence based. You can see it on the screen right now -- minimal at the bottom, intermediate in the middle, highest level at the top.

And there was a method to our madness. So even though the rules changed midyear, because we designated three levels we knew right from the start everybody would meet the law. So you didn’t go to jail, we didn’t go to jail. We all met the law and life is good.

Okay so let’s take a look at these three levels on the screen again. And this is indeed what is currently on our Web site.

So you’ll see there’s a total of eight bullets within the three tiers. And you’re supposed to use them as a checklist.

So you move from the bottom bullet in the bottom level. Okay, Minimal Criteria -- that bottom bullet says Ready for Translation, Implementation, et cetera, et cetera?

So you move from there and you move up bullet by bullet. So let’s see. Is the program I am paying for with Title 3D funds Ready for Translation, Implementation, et cetera? Yes. Check. Then I move up to the next bullet. Does it meet that one? Yes. And I keep moving up until I answer no and then whatever level I met in full - that’s the level that that program is in.

So it seems pretty straightforward right? In order to meet that highest level you have to meet all eight bullets from the bottom to the top.

But if the program that you’re spending Title IIID money on meets any of those levels, you still meet the federal law.

So let me pause a moment for a disclaimer just like Greg had the disclaimer, just to remind you that, as always, you want to check with your State Unit on Aging to see if they have any state specific requirements. Because as we heard earlier, some of the states already require only the highest level. They beat us to it and we thank them. But that’s the state level. Right now I’m just talking about the federal requirements.

Okay so that’s the end of my disclosure/disclaimer and actually that’s the end of the history of how we got to where we are today. So now let’s talk about the future.

Our goal is and has always been that all Title IIID activities meet the highest level criteria. That’s been our goal.

Here’s where it’s time to pay attention. Drum roll please, Danielle. Can you give us some sound effects as I deliver this important news?

Our goal of highest level only for all states for all Title IIID programs will soon be a reality. Let’s look to the slide that we’re on right now and you see these cross outs. Let’s talk about them.

At some point in the near future the current three level definition that had those eight bullets we just saw on the previous slide is going to give way to one evidence based definition with five requirements.

And today’s Webinar is the first time we’re making this announcement. So let me say it another way. Our goal of highest level only is soon going to become a requirement.

And when is soon? Okay stick with us. We’re going to get there. Take a look at the slide that’s up there right now. You see these cross outs.

Once all three of those levels of bullets are collapsed into this one definition, it becomes obvious that many of the requirements are actually kind of redundant - and we’re going to one definition so we don’t want redundancy.

And so the three bullets you see crossed out are going to be dropped from the definition when we go to just one definition.

No longer will there be eight bullets and criteria, only five. All five will be in the same level which is highest level.

So again, when is soon? This slide says future.

And I hope you’re still with me. You can’t see me but I’m doing aerobics right now to keep up the momentum because this is exciting news. And I can’t see you so you continue doing whatever it is you’re doing. But stick with us because we have some more important information.

This is the future. Those five bullets are the future Older Americans Act Title IIID evidence based definition.

So this slide is just like the previous slide but we cleaned it up a bit and we removed the cross outs and we reordered the bullets a little bit just so they flow better.

But this future definition has the same criteria as our current Title IIID highest level criteria definition. So if you’re using Title IIID funds for a program that meets the highest level criteria today or tomorrow, it’s also going to meet the future definition -- same thing.

Here’s the $64,000 question -- when will this change from goal to requirement take place? And the answer is not until after we hear from you.

We’re not going to shove a date down your throat. Don’t worry about that. We need to hear from you. So in a few minutes after we hear from Bob Hornyak we’re going to be asking for your input in two areas.

The first one -- tell us what you think is a reasonable date to require all IIID funded programs to meet only this highest level criteria.

And two – tell us what support and technical assistance, if any, you need from us so you can meet that date. We’re not going to change the Title IIID Web page with that current three-level – minimal, intermediate, and highest definition – until after we hear from you, the Aging Services Network.

So for the next 45 days – until July 19 – oh I think that’s a weekend. Why don’t we say the end of July. Through the end of July we invite you to provide us your feedback on those two specific questions, what’s a reasonable date and what support do you need.

And we ask that that your feedback goes through your regional liaison. We’re going to show you that in a minute.

We’re going to consider all of the feedback you send us through the regional liaisons through the end of July. That’s our promise to you.

Then in August we’re going to let you know the official date for moving on up, for being on up to that highest level only.

So take a look. These are the regional contacts. My guess is you already know who your ACL contact is in your region. But if not this slide is a good reference.

This Webinar going to be posted and chances are you already know your contact.

So we’re going to get to hear your feedback today during this Webinar but obviously we’re not going to be able to let hundreds of you speak because we only have an hour today.

Don’t feel bad if you don’t get a chance to talk on this Webinar. Please do still send us your feedback on a realistic date and what support you need through your regional contact.

We only have a certain number of people on the Webinar right now. That isn’t everybody in the Aging services Network.

So spread the word to others who couldn’t be on the Webinar today. You know them. You know they might have some input. We want to hear from them too.

That’s your take away from this Webinar. Send your feedback to your regional liaisons.

But one caveat. We’re asking what support do you need. Don’t tell us you need more money. We know you need more money. As my husband would say, we all need more money. We don’t have more money. That’s not what we’re talking about.

We’re talking about what other support you need help with. Do you need help on figuring out what’s highest level? What technical assistance do you need for moving on up?

And then as we hear from you, Danielle is going to be busy because she is going to be refreshing the FAQs on our Title IIID Web page with the questions that we , receive from you through the regional liaisons.

Here’s a bonus. For those of you are on hold – and I’m hoping this is still true because I was on the presenters hold so I didn’t hear music – if you were on hold listening to the music as you waited for this Webinar to begin, let us know the name of the song you heard, the artist and the year it was released. And here’s a hint. It’s relevant to this Webinar. Okay so that’s the mystery.

So as promised we’re going to consider all your feedback. That will help us determine the date for highest level criteria only.

And then as Danielle said, by the end of next week we’ll be posting a copy of this Webinar on the Title IIID Web page, inviting your comments on those two questions to your regional liaisons.

So that’s it for me. And I want to welcome my colleague, Bob Hornyak, who’s going to share with us a few slides about a new ACL process that Greg mentioned at the beginning, the ADEP process.

But more importantly he’s going to share with us why evidence based programs are so important to the population that all of us so passionately serve. So Bob I’m turning it over to you.

Bob Hornyak: Thank you Laura and good afternoon to everyone, really glad to be here. Thanks to Danielle for this invitation to share some of this information with everyone.

One of the things I wanted to do is to make sure that we always put these programs into context. And because the office that I work in, the Office of Performance and Evaluation really looks at the data that your agencies, state units, area agencies provide to us.

So the first thing we have to really understand in terms of who we serve to understand the programs that affect them we look at the aging network comes in contact with nearly one in five older adults in this country every year.

You can see from the US population almost 56 million people in this country are age 60 and above. And our clientele, our consumers number about 11 million per year.

We certainly look at the contrast between the US population in terms of poverty at 9.3% and our clientele who are 30% in poverty.

An important indicator that was also the near poor. When we are looking by service and that’s why there’s a range there. That’s - there’s some differences between nutrition, case management and other services, but somewhere between 73% and 85% of the participants in Older American Act programs are near poor. That means 150% of poverty or less.

The next slide please. So as we also look at other data and you know these data in your local communities probably much better than we do but at the federal level the national level we know a number of risk factors include people who live alone.

And for the Older American Act participants over half, almost seven out of ten live alone. A high incidence of diabetes. And particularly in some populations subpopulations, some ethnic and minority populations those issues are diabetes, heart conditions, other chronic conditions are very, very high.

We also look at the incidence of people who live in rural areas who may not have as readily available access to these services as other populations. So I want to just put that in context.

And the last context that well have is while we’re looking at people who are at risk of emergency room visits or hospitalizations it’s incredible to think that over 90% of the people that we provide services to and on your behalf have multiple chronic conditions -- that’s two or more chronic conditions -- compared to just about 73% of the older adult population.

Sixty-nine percent of our case management clients take five or more medications. And one other data point, 14% of our transportation participants take ten or more medications per day one of those things that I would ask you to remember in terms of those medications because we’re going to come back to that.

So next slide please. And Greg and Laura both mentioned this ADEPP process, Aging and Disability Evidence-based Programs and Practices.

Early on a few years ago we began to look at what does it mean to be evidence based? And there was some pushback from some of the principal investigators in terms of our ability to really say what is an evidence based program?

So imitation being the sincerest form of flattery we work with our friends at SAMHSA who have a similar type program. And we worked with them and their contractor to really develop this ADEPP process.

And if you look at the similarities between this process and what Laura Lawrence was just now going over for all of us to be part of this ADEPP process the interventions selected have to be through an either randomized controlled trial or quasi experimental design basis and be published in a peer review journal.

To do that to understand what that means on a number of scoring criteria when we look at is involving two panels of independent expert reviewers.

One set of these reviewers look at the ratings of quality research. And we have experts in research methodology who look at that to make sure that that is the highest level of research and accounting for all the different dynamics that occur in research but then other reviewers rate those programs on their readiness for dissemination.

It’s one thing to be published in a peer-review journal but if they are not materials guides, slides, videos, user manuals, supervisor manuals that really allowed local community organizations or states to implement those then it’s really not ready for dissemination.

The final review summaries provide reviews, numerical scoring but also talk about the cost of those interventions since some of these are proprietary and the translational work that goes on.

Please note as indicated in the italics that because a program is reviewed even very favorably reviewed we do not say that that’s an endorsement of that program by ACL. We are saying that it has been rigorously reviewed as the law says for Title IIID and evaluated at that level.

I would also like to mention that (Allison Raceman) is the project officer for the project.

Next slide please. So here are a few examples of some of the things that are on the ADEPP site. And as Laura Trejo from Los Angeles indicated one of these home meds I think is offered in Los Angeles. But if you remember the number of medications that some of our participants take I think it’s critically important that things like home meds and other review programs really take a look at that.

So we can just look at some of these. There are others. We’re planning to expand that list. We are doing that in a very thoughtful way because we can only review so many per year but we will be expanding that.

One additional note that I would make we work closely with CMS. They have done a retrospective study of evidence based programs.

They are now engaged in a prospective study of evidence based programs. We will be sharing the results of that study because we also believe some of those will be very, very important for all of us to know about and will be very right for other dissemination.

So with that I’m going to turn it back to Danielle Nelson.

Danielle Nelson: Hello everyone and thank you for staying with us. We have come to and of the presentation portion of the Webinar.

And now we want to invite you to submit your questions both through the chat function in WebEx; some of you have already done so and thank you; as well as through the phones. Latoya, we’d like to open up the phone lines and receive feedback and questions.

Coordinator: We will now begin the question and comment session. If you would like to comment or question from the phone line please press Star 1.

You will be prompted to un-mute your phone and record your name. Your name is required to introduce your question. Again it is Star 1 to ask a comment or question. One moment please.

Danielle Nelson: And while we wait for our first caller we just wanted to remind everyone on the screen right now is your regional point of contact.

And for the next 45 days but just for simplicity sake let’s just say the end of July 2014 we invite you to provide feedback to your regional liaison who’s listed on this Web page here.

And the Webinar will be archived on the Title IIID Web page. It will be posted by the end of next week. And you will also receive an email next week thanking you for registering for this Webinar and letting you know that the Webinar has been posted.

And while we wait for the first question to the phone line we have a question that has come in through the chat function asking if tai chi will be considered for the ADEPP process?

Bob Hornyak: Tai chi is one of those ones listed. So yes that was definitely one of those and it’s also one of the ones in the retrospective study done by CMS that really showed total Medicare savings as implemented but we’re still looking forward to the prospective study to further document that.

Danielle Nelson: Excellent. Thank you. And (Latoya) do we have our first question or comment?

Coordinator: We have one comment from (Kathy Manapearl). Your line is now open.

(Kathy Manapearl): Hi. I work in the Region 2 office. And I just want to make a comment about the slide for the feedback and the questions.

For the top six employees the regions one, two, and three all the phone numbers seem to be incorrect but the email addresses are all correct. So I just wanted to bring that up to everyone’s attention.

Danielle Nelson: Thank you. We’ll correct that before it’s posted on the Title IIID Web page.

And we - now we’ll go to the chat function. We’ve gotten a few in. So the next one we have is “will music and memory programs be considered evidence based?”

And to answer that question really you have to look at the definition. And so that goes for the current definition as well as the future because they will be one and the same.

So if a program currently as of right now can meet these criteria you see on the screen and you really need to use this as a checklist. So you’re moving from the bottom the minimal criteria and working upward checking off each of the eight bullets.

So currently today if you can go to a program and check off this list for each of the eight bullets then yes it’s considered evidence based at the highest level criteria.

If you can say that today when the definition changes to the future which is the same definition at the highest level just cleaned up because as you can see there was quite a bit of redundancy when the three tiers are collapsed into one then you can say yes that program is then considered evidence based.

And we have another question that’s coming through chat and it says can you tell me if powerful tools for caregivers will continue to be a highest level program -- excellent question.

Any program that’s currently listed on the Title IIID evidence based cost chart you see at the bottom of the screen here and you also see it on the current IIID Web page those programs will remain highest level criteria programs so in essence meeting our future definition.

So the 43 programs will remain posted on the IIID Web page through this URL link to the cost charts. And so yes those programs listed will continue to be evidence based.

(Latoya) do we have another question on the phone line or should I continue with the chat function?

Coordinator: I’m showing no further questions on the phone lines.

Danielle Nelson: Okay. Then I’ll go to the next chat question which is okay I was wondering if the English version of chronic disease self-management why it’s not listed but the Spanish version is?

And I’m guessing that you mean for the ADEPP process and so Bob would you like to take that one?

Bob Hornyak: Well yes because one of the things that we realized that we worked with Dr. Kate Lorig out of Stanford University and actually that was one of her recommendations.

Because of the high incidence rate of diabetes in the Hispanic Latino population she thought that that would be a priority to have that listed and reviewed by the ADEPP process prior to any of the other programs.

And there are multiple programs that Stanford University has that are evidence based for chronic disease and others. But that was one of the recommendations so that’s why we put that up there. And we’ll be looking forward to additional work with Dr. Lorig.

Danielle Nelson: Excellent. And I’m going to go to the next question that’s come into the chat function. It’s regarding tai chi as well. And the question is only one form of tai chi is currently listed on the ADEPP reviews. Will other programs in tai chi be included for example the Arthritis Foundation tai chi program for arthritis?

Bob Hornyak: There are multiple designs on many of these programs. And what we are looking at is certainly we can either go breadth or depth into some of these.

And at this point because of the - where we are with these programs we’ve decided to try to go breadth that is wider and deeper. And there are multiple forms of some of these. So we would like to have as many of these available as possible.

And as we go further into these reviews we will look at doing multiple reviews of a similar program perhaps for different populations but we would like to get as many diverse programs up there as possible.

Danielle Nelson: And just to build on that question - any program - and the program doesn’t have to be on our AoA Web page to be an appropriate use of Title IIID funds.

We are no longer taking new programs to be listed on the Title IIID cost chart, we stopped taking programs for review last summer.

And so there are 43 programs that you see on this cost chart that are listed and the eight programs on the ADEPP webpage are also listed as eight of the 43 on this cost chart.

If you’d like to use a program not listed that is fine. You don’t have to use a program on the Web page. However the program must be evidence based meeting the criteria seen on the IIID Web page.

And as we noted earlier in the Webinar some states are already requiring highest level criteria programs. And some states are also reviewing programs internally like we mentioned that is going on in some states including Florida.

So some states already have internal processes developed to review within the state. And so I would refer to your state unit on aging with your question on specific programs.

(Latoya) do we have a question through the phone line?

Coordinator: Showing no questions on the phone line.

Danielle Nelson: Okay then we will continue on with the chat. Our next question is are Title IIID funds still restricted to only age 60 and over or can they be used for persons age 18 and over with a disability?

And to answer that question because it’s specifically stated within the Old American’s Act the answer is yes they must still be used for persons age 60 and older. And that’s a regulation specific to the Older Americans Act.

And so I will keep going then on the chat function. We have question regarding exercise classes. And the question is how can I move a program to highest level?

And so really the answer to that is the program has to meet the evidence based criteria. And it would really depend on the program at hand and where it is within the current three tiers. So we couldn’t give guidance without knowing about the program.

And so please use your regional contact to find out more to further answer that question.

(Latoya) any questions through the phone?

Coordinator: No questions on the phone lines.

Danielle Nelson: Okay then I’ll keep on going here with chat. The next question is: will health screenings by professionals and medication management checks by pharmacists still be able to be reimbursed by Title IIID funds?

And so to answer that question, no, unless you are able to meet all the evidence based criteria, then yes. But you would have to have for example make sure the research results for your program are published in a peer review journal.

So if you can check off each of these five bullets then yes. But if it’s a generic program that hasn’t been reviewed and research findings published the answer would be no. So it would really be dependent on the program, meaning a specific program is needed, in which you’re implementing.

I recommend contacting your regional representatives and sharing more information about the program you’re implementing.

So let’s see the next question, some great question has come in. What is experimental or quasi experimental design?

And we had a lot of questions about that. So we added to the Title IIID Webpage. As you can see at the bottom let me move here to see this screen capture of the current IIID Web page.

And you can see at the bottom it’s very fine print. It says experimental designs use a random assignment control group.

And then it goes on to explain what a quasi-experimental design is. And then we URL link - this is on the IIID Web page if you just go to IIID Web page that I’ve included the URL link for here in the chat function so you will find it easily. And you can click on the definition and get more information about what an experimental design is and what a quasi-experimental design is. Both of those again are included on the IIID Web page.

(Latoya) I want to give an opportunity to the phone lines, has anyone called in?

Coordinator: To again to ask a question from the phone lines or to comment please press Star 1. You will be prompted to un-mute your phone and record your name. Again that is Star 1.

Danielle Nelson: Great. And I have another question that’s come in through chat. And the question is can you review the difference between the 43 programs that are listed on the cost chart and the eight programs listed under the ADEPP process?

And to answer that the 43 programs that are listed on the IIID Web page which you see the URL link on your screen those programs were program administrators submitted their program to us at AoA from 2012 to 2014. And so that was independently their choice to submit the program.

We reviewed those programs here at AoA through a review committee process. And the programs that were found to meet our criteria for defining evidence based at the highest level were then put into this cost chart.

And so we stopped taking programs last year. We were getting a lot of program submissions so we decided to hold there. We’ve got 43 listed.

And so now we have a new process that Bob Hornyak explained, the ADEPP process. You can see the URL listed here and so that has become the new ACL AoA evidence-based program review process.

And so those 43 programs listed on the AoA IIID cost chart were reviewed when the evidence based requirement put into place in 2012, and now we have a new process similar to SAMHSA, which stands for the Substance Abuse, Mental Health Services Administration’s - national registry of evidence based programs and practices process.

And those eight programs on ADEPP have already gone through the new review process. More programs will continue to go through the new process. And to clarify the eight programs on the ADEPP Web page are eight of the 43 programs listed on the IIID cost chart.

I hope that was clear. It was a lot of acronyms. And (Latoya) just interrupt me if you get a call.

Coordinator: We do have a question from the line.

Danielle Nelson: I’m excited to hear it. Please let’s hear.

Coordinator: Raymond Beverage your line is now open.

Raymond Beverage: Good afternoon.

Danielle Nelson: Hello.

Raymond Beverage: This is Raymond Beverage and I’m chair of the Prince William Commission on aging which advises the Prince William Area Agency on Aging in Prince William County Virginia.

Is there any plans as we move forward with this new criteria to integrate this evidence based program Title III with the CMS strategy 2013 and beyond particularly in goal three where the senior centers are referenced as part of embedding best practices for managing transitions, care transitions from the hospital the home and also in terms of goal for management of chronic disease self-management programs? End of question.

Danielle Nelson: Okay so I’m going to take a stab and correct me if I not answering what you’re asking. So you’re wondering if IIID funds can be used for coordinating with your CMS work. And that would be care transitions as well as your chronic disease health management programs. Is that the question?

Raymond Beverage: No actually the question is, is the Administration on Aging as you look at the funding for this here if we write goals to match the CMS strategy 2013 and beyond keeping in mind as we drive more for participation and fee for service and these quality improvement organizations where Aging Network’s Involvement with them brings us dollars can we tie - are you planning to tie the Title IIID program to where it blends in with the CMS strategy?

Greg Case: Well that certainly...

Raymond Beverage: Or should I just write this to my regional coordinator so it can be figured out then?

Greg Case: That’s not a bad idea. That’s not something that we’ve currently looked at or discussed with CMS at this time.

Danielle Nelson: But it’s definitely worth considering. So you’re suggesting to email that to regional liaison is an excellent one and we will follow-up.

Raymond Beverage: And then (Carmen) should enjoy this greatly. Thank you.

Danielle Nelson: And then (Carmen) and I will follow-up with you. No thank you for the question.

Danielle Nelson: So I have another question here. It says please clarify reference the findings of CMS related to tai chi? Is it specific for programs listed under ADEPP or for older adults participating in any tai chi class offered in the community as opposed to a specific program?

Greg Case: The question is the CMS review of tai chi? I believe that was fairly specific to tai chi. Again they went to an environmental scan of over 200 evidence based programs. That was narrowed down to 94 that have, you know, more evidence behind them and then the final 12.

We will send you the link to - CMS did a report to Congress on their review of those programs.

So we can make that link available. Danielle we can make sure you get that. And that can be given to all the lead regional representatives and maybe posted on this site as well so that everyone can see the exact way that that was studied and evaluated and that way I think that would most specifically answer that question.

Danielle Nelson: We will include that with the Webinar link when it’s posted. So that will be posted on the same section of the IIID Webpage.

And I want to address another question that’s come up. It says our state has been moving on up and we believe it’s worthy to support Title IIID, Title IIID Level III programs but right now we are at only at Level II. As a result we would like to vote for a longer mandate to make it Title III program.

So I just want to say thank you for including that. If you could please specify when you follow-up with your regional liaison what you mean by longer.

We’re looking for more specific feedback as in when could you start requiring that of your AAAs to be at Level III. So thank you for that chat post but please be more specific whether that’s back in the chat function or with your regional liaison.

And I will move now to the next chat function question. Can you please explain if oral health provided by a licensed dental professional will continue to be evidence based?

And I have to be honest oral health is so near and dear to my heart that it saddens me to have to say likely not.

I will say that there are some programs in the works being developed for oral health that are evidence based.

For example Oral Health America is coming up with an evidence based educational program. And so it will be out next year and they plan that it will meet our highest level criteria.

But I am not aware at this moment of any evidence based oral health programs that currently meet our highest level criteria.

So I’m very sad to say I believe the answer to that is no. But if you find a program please, please, please share it with us. We would be extremely happy to hear about it.

The next question has come it is: is there a date that all states must have Level III in place at 100%, -- great, great question.

The answer to that is we are going to let you know when that date is in August. Early August all the state units on aging and area agencies on aging will receive a formal email letting you know when the day will be.

But until that we are accepting feedback from you until the end of July 2014 about when you can meet this criteria. We’re not going to impose a date that’s unrealistic. So we want to hear from you when can you get there?

So please we ask you to continue send that information. Let me switch to the slide here that includes all of your regional liaisons.

This is how we would like you to submit your feedback. Please continue to submit your chat function. We’re going to keep this information. But email and/or call your regional contact and submit to them feedback of when you can get there, when can your state, when can your AAA be at highest level.

(Latoya) do you have any other phones?

Coordinator: I’m showing no questions from the phone line.

Danielle Nelson: All right. I think we have time for a few more here from chat. The question is do evidence based strategies fit into Title IIID at all?

The CDC uses strategies to describe more general approaches to improving health that are not prescribed programs.

So to be honest as long as that strategy is meeting the evidence based criteria it would qualify for IIID. But (Dennis) I’m not exactly sure what strategy you’re specifically speaking of. But again I would love to hear more about it. We invite you to share that information.

It sounds like something that we could look into further.

And then let me - I’m trying to scroll through the chat functions and get between the comments and the questions we shared.

We have a question about yoga. Will yoga programs be considered evidence based? To answer that as long as the yoga program is meeting the evidence based definition, yes.

So looking at the current criteria if the yoga program is able to check off each of these bullets at the highest level then yes it will meet our future evidence based definition.

So for example the program is published in a peer review journal, it’s been proven effective with older population, et cetera.

So to answer your question if it meets this criteria these bullets can each be checked off then yes the yoga would meet the evidence based definition.

All right we have one more question that’s come in regarding cost sharing for Title IIID. The question is: is cost sharing allowed for Title IIID?

And Greg do you want to answer that?

Greg Case: Cost sharing is permitted for IIID programs if the state chooses to do so and includes all the other requirements of the provision for example sliding fee scale, self-declaration of income, no cost sharing for folks below poverty level, et cetera.

Danielle Nelson: Excellent, thank you. We have another question that’s come in. Are care transition programs considered evidence based? And to answer that the answer is yes.

Let’s see we have another question here. It says is it possible for an agency to develop its own evidence based program? I understand it would have to go through a rigorous evaluation but are we required to use only approved programs like Better Choices Better Health?

And the answer to that is yes. We do not discriminate against evidence based programs. As long as they meet the criteria you see on the screen here then they are considered evidence based in terms of our definition.

However we do encourage everyone to contact their State Unit on Aging because some states do have requirements, state specific requirements for their Title IIID funding. But a great question. Thank you.

We have another question here in response to tai chi. It is generally a highest level program even though it’s outside of the ADEPP program.

So I just want to thank you for who submitted that. And really we recommend if you have any questions about the tai chi program that you’re considering if it’s not listed on either of the ADEPP or the Title IIID Web page please contact your state unit on aging to find out if it meets the criteria.

And they can also contact the regional liaison to find out more. We’re happy to work with you to ensure the programs are meeting the evidence base criteria.

And we are about at time. I want to just make sure (Latoya) do we have one last question in the phone lines?

Coordinator: I’m showing no questions on the phone line.

Danielle Nelson: All right with this last minute I want to just remind everybody please contact your ACL regional contacts to submit additional feedback.

What we really want to know from you specifically is when can you meet the new requirements? When can you realistically be at highest level criteria for your evidence based programs? And what technical assistance is needed on our end to help you get there?

So please give us that feedback. We look forward to hearing from you. We ask that you give us feedback by the end of July so we can let you know by early August when the change will become effective.

And rest assured it will not be this year. This is not something that’s going to happen overnight. We know it’s going to take time. But again we invite and encourage you to please give us the feedback about when you can get their realistically and reasonably.

And at that I’d like to ask Laura do you have any last words before we close out?

Laura Lawrence: I just want to thank everybody for their attention and for those great questions. This really is pretty exciting because obviously with highest level evidence based, we’re doing something much better for our population.

I did also want to know – did we get that one song in there?

Danielle Nelson: Okay.

Laura Lawrence: Did people hear that song?

Danielle Nelson: We did not Laura. WebEx would not allow us to play it but...

Laura Lawrence: Okay.

Danielle Nelson: ...can you share with everyone? Everyone’s dying to know what the song was?

Laura Lawrence: Yes I’m sure I sounded like an idiot when I said that. But what we were going to do – compliments of Sam Gabuzzi in the field – was play a Curtis Mayfield song called Moving Up or Moving On Up.

Anyway it was just exactly like the name of our program from the 1970s. Many of us were not around then to be dancing to his song but it’s a wonderful song so I encourage you to look it up on YouTube.

Danielle Nelson: Excellent. With that we thank you all for your time today and we hope you have a wonderful rest of your week. Take care.

Coordinator: That concludes today’s conference. Thank you for participating. You may disconnect at this time.

END