

**OLDER AMERICANS ACT (TITLE III D) – AGING
2017 FUNDING FOR THE DIVISION ON AGING, DISABILITIES & COMMUNITY
PROGRAMMING
Funding Priorities**

**County Fiscal Year (CFY) 2017 Older Americans Act
Estimated - \$24,501 Community Services**

Subgrant Term: January 1, 2017 – December 31, 2017

Match Requirements: 25% of Total Program Costs

- The minimum 25% match must be non-Federal dollars
- In-Kind match may only be used for Personnel (volunteer hours and Third Party contributions) and Building Space (if donated by a Third Party)

Minimum Funding Request: \$5,000

PHYSICAL HEALTH for Falls Risk Program

SERVICE CODE: 326

SERVICE UNIT: Each contact

SERVICE DEFINITION: Screening, assessment, and treatment activities that assist older persons to improve or maintain physical health by helping them to identify and understand their health needs and secure necessary medical, disease prevention or health maintenance services.

Title III D disease prevention and health promotion funds, except the funds targeted to medication management, shall be directed to activities that are evidence-based. One of the following criteria must be met:

The program is identified by a leading national authority on health aging, such as, the National Council on Aging, the Centers for Disease Control and Prevention, as evidence based health

1. Promotion programs.
2. The intervention is based upon rigorously conducted research, such as, a randomized controlled trial, with results published in a peer-reviewed journal.
3. The intervention has been developed and scientifically evaluated for older adults and proven to have positive health outcomes.
4. The program is based on a clinically evaluated intervention and community-based implementation can be substantiated.

Evidence based health promotion programs are defined as grounded in the methodology of producing individual behavior change and having demonstrated in scientific studies to positively impact health and quality of life.

- Community based programs adapted from these evidence-based interventions must have been recognized by a federal government agency to elicit the same positive outcomes, which may include

improved physical and mental health, enhanced quality of life, and effective health care utilization and/or reduced health care expenditures.

- Local programs identified as evidence based include clinically evaluated interventions and/or interventions that have been validated through a scientific study and shown to have positive health outcomes.

One program will be funded in the amount of \$24,051 with Title III D funds for evidence-based Falls Risk program meeting the above criteria.

This public funding may only be billed for a specific unit of service when there is no third party insurance, Medicare, Medicaid or any other type of reimbursement, in whole or in part, for that service unit.

The County of Morris reserves the right to renew Subgrant renewals for the period of January 1, 2018 through December 31, 2018, based upon annual program review and the availability of funding.

Contact Maria Rosario at 973-285-6847 or mrosario@co.morris.nj.us with any questions.

Reminder: All 2017 applications due to MCDHS P.O.BOX 900, Morristown, New Jersey, by 4:30 p.m., March 15, 2017.