**Older Americans Acts (OAA): Title III-D Frequently Asked Questions (FAQ) in Wisconsin (Last Updated September 2024)**

OAA Title III-D funds are required to be spent on high-level evidence-based health promotion programs to improve health and well-being and reduce disease and injury. Programs must meet the evidence-based requirements as defined by the Administration for Community Living (ACL).

Services Funded

* High-Level Evidence Based Health Promotion Programs

Special Consideration

* Programs that are not high-level evidence based should be recorded in Wellsky (SAMS) under 23(b); however, Title III-D dollars cannot be spent to implement.

Carryover

* Up to 10% of base allocation awarded as a next-year carryover for unexpended contract funds

Match Requirement

* One dollar of cash or in-kind for every nine dollars of service (1/9 of grant amount)

**General**

**Q – Where can I find information about the history and basic requirements of the Older Americans Act (OAA) Title III-D?**

A - The [ACL Health Promotion website](https://acl.gov/programs/health-wellness/disease-prevention) has information about the history and basic requirements of the OAA Title III-D provisions and priorities.

**Q – Why is there an evidence-based requirement for Title III-D?**

A – In FY 2012, Congressional appropriations included an evidence-based requirement for the first time. OAA Title III-D funding may be used for programs and activities demonstrated to be evidence-based. The appropriations language pertaining to Title III-D is below:

*Provided, that amounts appropriated under this heading may be used for grants to States under section 361\* of the OAA only for disease prevention and health promotion programs and activities which have been demonstrated through rigorous evaluation to be evidence-based and effective . . .*

*\*Section 361 is the main component of Title III-D of the OAA*

**Q - How does ACL define evidence-based for the purpose of Title III-D?**

A – To be considered evidence-based and appropriate for Title III-D funding, the program must meet all the following criteria:

* Demonstrated through evaluation to be effective for improving the health and well-being or reducing disease, disability and/or injury among older adults; *and*
* Proven effective with older adult population, using Experimental or Quasi-Experimental Design, \* *and*
* Research results published in a peer-reviewed journal; *and*
* Fully translated\*\*in one or more community site(s); *and*
* Includes developed dissemination products that are available to the public.

\**Experimental designs use random assignments 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 has been carried out at the community level (with fidelity to the published research) at least once before. Sites should only consider programs that have been shown to be effective within a real-world setting.*

**Q – Are Aging Units required to provide OAA Title III-D programming in their county?**

A - Yes, Aging Units sign a contract every year to receive OAA Title III-D funding along with the obligation to do services with those funds. By refusing to provide the service, Aging Units are not abiding by the signed contract; therefore, GWAAR may suspend all contract payments until a discussion and an agreement of implementing III-D service occurs.

**Program Eligibility**

**Q -Where can I find programs that have been pre-approved as evidence-based for OAA Title III-D programming by the ACL and the National Council on Aging (NCOA)?**

A- The [Evidence-Based Program Search Tool](https://www.ncoa.org/evidence-based-programs) can be used to find the list of pre-approved evidence-based programs by ACL and NCOA.

**Q - Are State Units on Aging (SUAs) limited to using their III-D funds for programs on the pre-approved list?**

A- SUAs are not required to do programs on the list of programs pre-approved through the evidence-based program review process. If a SUA wants to support a program that is not on the pre-approved list, they must certify that the program meets ACL’s guidelines (see below).

There are two ways to assess whether Title III-D funds can be spent on a particular program (and as always, SUAs may have additional state-specific Title III-D requirements):

-*The program meets the requirements for ACL’s Evidence-Based Definition.*

*-The program is considered an “evidence-based program” by an*   [*operating division of the U.S. Department of Health and Human Services*](https://www.hhs.gov/about/agencies/hhs-agencies-and-offices/index.html) *(HHS) and is shown to be effective and appropriate for older adults.*

To find a list of **Wisconsin eligible** programs that have been pre-approved please visit the [health promotion section on the GWAAR website](https://gwaar.org/health-promotion-for-professionals) under evidence-based programs click on “Wellsky” (SAMS) Title III-D Subservice Definitions. All programs listed under 23(a) evidence-based programming “allowable” programs. Evidence-based programs, eligible for Title III-D funding, that are on the Wisconsin list, but not on ACL/NCOA’s list include: [Strongbodies](https://healthyliving.extension.wisc.edu/programs/strongbodies/), [Aging Mastery Program](https://www.ncoa.org/article/what-is-the-aging-mastery-program), [Stand Up for Your Health](https://wihealthyaging.org/programs/be-active-programs/stand-up/) and [Physical Activity for Lifelong Success (PALS)](https://wihealthyaging.org/programs/be-active-programs/pals/).

**Q – How do programs get on the pre-approved list for Title III-D?**

A- To be considered for the list, the program must go through the Evidence-Based Program (EBP) Review Process. Findings from the FY2023 evaluation of the EBP Review Process are summarized in this report – [Analysis of Evidence-Based Health Promotion and Disease Prevention Program Review Process.](https://acl.gov/sites/default/files/programs/2023-10/ACLEBPFinalReport.pdf) For more information about the Review Process visit – [Apply to Become an Evidence-Based Program.](https://www.ncoa.org/article/apply-to-become-an-evidence-based-program)

If you are a program administrator and are interested in having an evidence-based health promotion approved in Wisconsin, please contact Angie Sullivan, OAA Consultant Health Promotion and Disease Prevention, to learn more about the review process in Wisconsin [angela.sullivan@gwaar.org](mailto:angela.sullivan@gwaar.org) or 608-228-8081.

**Q: If an adult, 60 or older, registers for a high-level evidence-based program and their spouse/family member/friend would like to attend but are under the age of 60, thus not eligible for OAA Title III programs, can you charge a fee for the participant under the age of 60?**

A: Yes, if the spouse/family member/friend is under the age of 60 and would like to attend a high-level evidence-based workshop, you can charge a fee for that participant. It’s a local decision if you would like to offer a voluntary contribution or charge a fee for any participant under the age of 60. If the participant is under the age of 60, then you cannot use any OAA Title III funding to support the participant. The participant data for anyone under the age of 60 is not required to be entered into the Wellsky (SAMS) database; however, aging units may choose to enter data using the NOAA care enrollment for local tracking purposes. Contact Carrie Kroetz if you need more information on entering NOAA participants into Wellsky (SAMS) [carrie.kroetz@gwaar.org](mailto:carrie.kroetz@gwaar.org).

**Q - Can an older adult, who resides in a county other than the county in which the high-level evidence-based workshop occurs, still be a participant?** **(Includes Virtual)**

A -Yes, if you have a participant from another county attend a high-level evidence-based program, virtual or in-person, you can use your Title III-D dollars for that participant. No fee for participation should be charged to the program participant; however, they must be offered an opportunity for a voluntary contribution. **The county that implements the workshop should include the participant data in their Wellsky (SAMS) reporting**, unless other arrangements have been made to eliminate duplicate participant reporting in Wellsky (SAMS). In some cases, counties may develop a Memorandum of Understanding (MOU) if this is occurring on a regular basis, or one county doesn’t offer a workshop, and they would like to refer participants. Expectations of each county should be clearly delineated including what county will be entering the participant data into Wellsky (SAMS). *(\*Note: If the participant is under the age of 60, a fee can be charged to recover the Aging Unit/ADRC’s cost of implementation).*

**Q – Am I REQUIRED to allow participants from other counties attend in-person and/or virtual evidence-based health promotion programs?**

A: If the participant is 60 or older, and you would be using OAA Title III-D funds to implement the program, then the participant cannot be denied service if there is availability in the workshop. However, you can prioritize participants in the workshop. Priority would be given to 1). Participants who are 60 and older who reside in your county, 2). Participants who are 60 and older who reside in the state of WI, 3). Participants who are 60 and older who live in the U.S., 4). Participants who reside in your county who are under the age of 60, and 5). Participants who are under the age of 60 who reside in the United States. *\*Note: If the participant is under the age of 60, a fee can be charged to recover the Aging Unit/ADRC’s cost of implementation.*

**Q – Are there specific groups of older adults (60+) that I should target in recruitment for OAA Title III-D programs?**

A – Consistent with the OAA, ACL encourages OAA Title III-D recipients to establish and/or expand partnerships in order to target older adults (60+) in the greatest social and economic need, such as individuals with limited English proficiency and those who live in communities that experience cultural, social and/or geographic isolation including those that are medically underserved. ACL encourages SUAs to consider partnering with any American Indian, Alaska Native, and Native Hawaiian communities within their state, as these communities face significant health disparities. The National Council on Aging recently released a report, [Successful Strategies & Lessons Learned from Implementing Evidence-Based Programs in American Indian, Alaska Native, and Native Hawaiian Communities,](https://www.ncoa.org/article/successful-strategies-lessons-learned-from-implementing-evidence-based-programs-in-american-indian-alaska-native-and-native-hawaiian-communities) that may be helpful to Aging Units seeking to partner with indigenous communities to deliver OAA Title III-D evidence-based health promotion and disease prevention programs.

**Fiscal (Including Contributions and Cost-sharing)**

***NEW!* Q – Can Aging Units/Tribal Aging Units enter OAA Title III-D health promotion participants into Wellsky (SAMS) in a month different from the month the expense occurred, and the claim was submitted? (i.e. you train a leader in November and submit the claim for that cost, but the program is not implemented until January)**

A – Yes, it is acceptable to incur expenses before the workshop is implemented, as health promotion programs require time for a leader to be trained, marketing the program, participant recruitment and registration. It is reasonable for these expenses to occur in advance, with the expectation that the health promotion program will begin within three months of the expense or claim submission. If this timing causes an error when completing your claim form, you can resolve the error by providing an explanation for the discrepancy in the comment section of the Wellsky/Fiscal tab.

Similarly, if a workshop has already been held, but the expenses have not yet been submitted or paid, you should leave an explanation in the comment section of Wellsky/Fiscal tab. If you have any questions, please contact [fiscal@gwaar.org](mailto:fiscal@gwaar.org).

**Q – How can OAA Title III-D grantees afford to implement evidence-based programs given limited funding?**

A – One source of funding may not be sufficient to meet all the disease prevention and health promotion needs of the communities served. Partnership and collaboration can extend the reach of health promotion programs. Many SUAs, Tribes, Area Agencies on Aging, and Aging Units use Title III-D funding to leverage other funds. It is common practice to braid or blend funding streams to fund different components of the same activity to make a complete program. Depending on the health promotion program, funding sources may include public health departments, hospitals, foundation giving, [independent living centers](https://www.dhs.wisconsin.gov/disabilities/physical/ilcs.htm), universities, [Cooperative Extension System Offices (USDA)](https://www.nifa.usda.gov/about-nifa/how-we-work/extension/cooperative-extension-system), professional organizations (such as pharmacy, dental and dietetic associations), voluntary donations, outpatient clinics, nonprofit organizations, [federally qualified health centers](https://www.dhs.wisconsin.gov/forwardhealth/fqhc.pdf), city parks recreation centers, among others.

**Q - Can I charge a fee to participants in an OAA III-D high-level evidence-based health promotion program? And can I offer III-D high-level evidence-based programming at no cost?**

A - No, if an Aging Unit is using OAA Title III-D funding to implement an evidence-based health promotion program, each participant must be given the opportunity to contribute. If the provider does not want to set a specific suggested contribution amount, they can simply notify participants that contributions toward the cost of the service are accepted, but they will not be denied services if they choose not to contribute. The intent is that older adults feel a sense of dignity when they are provided an opportunity to support the service in some way, and for some services, like health promotion workshops, their contributions can have a huge impact on the aging unit’s ability to sustain their level of programming.

The below explanation on contributions and cost-sharing is taken from the State Unit on Aging’s Older Americans Act policy manual. While the policy manual is in the process of being updated this information is still accurate.

*Aging agencies shall counterbalance their need for program revenues via client contributions with the potentially negative impact that an overemphasis on contributions might have on program participation. To the extent to which older participants regard their contributions as "fees," there may be a negative impact among participants and potential participants who cannot afford the contributions/fees. This is counterproductive to the purposes of the Older Americans Act.*

*Each service provider shall use supportive-services contributions and nutrition- services contributions for maintaining or expanding supportive services and nutrition services, respectively.*

*Each service provider under the Older Americans Act may develop a suggested contribution schedule. In developing a contribution schedule, the provider shall consider the income ranges of older persons in the community and the provider's other sources of income. However, means tests may not be used for any service supported with funds under the Older Americans Act.*

*A service provider that receives funds under this part may not deny any older person a service because the older person will not or cannot contribute to the cost of the service*

*For services rendered with funding under the Older Americans Act, the service provider shall do all the following:*

* + *provide each older person with an opportunity to voluntarily contribute to the cost of the service*
  + *protect the privacy of each older person with respect to his or her contributions*

*establish appropriate procedures to safeguard and account for all*

*Contributions*

**Q - If I use multiple funding streams to pay for the implementation of a high-level evidence-based program, some of which is not Title III-D, can we charge a participant fee?**

A - No, if you use **any** OAA Title III-D funds to provide a service (i.e. High-Level Evidence Based Health Promotion Program), all other funds used are now linked to a Title III service and all the Title III requirements now apply to the entire package regardless of their source. The only participants that can be charged a fee are those non-OAA eligible... (i.e. under age 60, Family Care Participants, IRIS participants…)

**Q - Which County pays for the cost of program materials if the participant is from another county?**

A - The county who is utilizing their OAA Title III-D dollars to implement would pay for the cost of materials unless other arrangements have been made between the two counties. If a county uses their OAA Title III-D funds for a participant outside their county, then they can enter that participant data into Wellsky (SAMS).

**Q- We are partnering with another organization to implement an evidence-based health promotion program; what organization should receive the voluntary contributions?**

A – The voluntary contributions should follow the organization who provides the OAA Title III-D funds. If that’s the Aging Unit then the voluntary contributions should be reported through their claim sheet as Program Income. The participant data should also be documented in Wellsky (SAMS).

**Q - What funding can be used to support Disease Prevention and Health Promotion activities that do not meet the evidence-based (Title III-D) criteria?**

A - OAA Title III-B (Supportive Services) or tax levy funds can be used as well as administration funds. Using the example of a health fair, some communities have obtained donated services and/or found volunteers for activities such as informational booths, walk-a-thons, and exercise demonstrations. By inviting local organizations to host a booth, give a presentation or offer a demonstration, they receive free marketing and in return provide a health fair activity free of charge. These activities could include presentations on healthy diets and grocery shopping tips by a nutritionist paid by a local grocery store; healthy cooking demonstration hosted by a local restaurant; benefits of stretching demo by a local gym instructor; presentation on building healthy relationships by a local therapist.

**Allowable and Non-Allowable Expenses**

**Q - Can I use OAA Title III-D funds to pay for radio and/or newspaper ads to market high-level evidence-based programming?**

A - Yes, as it promotes the high-level evidence-based program - however this would only be a fiscal expense and nothing in Wellsky (SAMS) until the class takes place, and then the AU would report the participants and their hours of attendance in Wellsky (SAMS).

**Q - Can Title III-D funds be used to pay for a staff member’s hotel/travel costs for attending the Wisconsin Institute for Healthy Aging’s (WIHA)Healthy Aging Summit?**

A -Yes, maximum of 25% of OAA Title III-D dollars follow state travel; put under “cost of class” supports high-level evidence-based classes. The person attending must be delivering a high-level evidence-based class, or a workshop has been scheduled. All reimbursement must be within the State of Wisconsin reimbursement limits.

**Q - Can I use OAA Title III-D funds for incentive items for a high-level evidence-based health promotion program?**

A – Incentive items can be purchased with III-D funding ***if*** the administrator states in the curriculum or implementation guide that it is a necessary part of the program. Examples of incentive items that can be purchased include healthy prizes for Bingocize. All other incentive items are not allowed with III-D funding, and Aging Units are encouraged to reach out to partners and/or local businesses to purchase such items.

**Q -Can I use OAA Title III-D dollars for snacks/meals for high- level evidence-based health promotion programs?**

A - Yes, **if** indicated in the program’s implementation guide. For example, Stepping On requires a snack for each session. Please keep the amount of money spent on food within reason, and it should be a “healthy snack”.

**Q -** **Can I use OAA Title III-D dollars to pay stipends to volunteer facilitators?**

A - Yes, if the stipend is for a volunteer facilitator who is part of implementing an approved (Title III-D) evidence- based health promotion activity or class. The stipend would be included in the cost of implementing the program. There should be some type of agreement in place between the Aging Unit and the facilitator that would outline the services being purchased, the date of the class, amount being paid, etc. In addition, the Aging Unit should have copies of invoice(s) from the facilitator to adequately support the expense occurred. Any payments the Aging Unit makes over $600 to a facilitator should be reported as facilitator wages to the IRS (typically done on the form 1099). The Aging Unit should work with their accountant or appropriate fiscal representative to make sure the proper IRS documentation is filed. Always refer to your local policy when it comes to paying stipends for volunteer facilitators.

**Q - Can you give me examples of allowable expenses for OAA Title III-D?**

A - OAA Title III-D fund can be utilized to support high-level evidence-based programming, examples include but are not limited to:

* Program supplies such as books, DVD’s, participant manuals, weights, display materials, folders, name tags and office supplies.
* Facilitator staff time, stipend for volunteer facilitator, mileage
* Marketing materials such as flyers, radio, and newspaper ads
* Facilitator training – training fee, instructor manual hotel, mileage (All within the State of Wisconsin reimbursement limits)
* Classroom space

**Q - What are non-allowable OAA Title III-D expenses?**

A - The following are some examples of non-allowable expenses for Title III-D:

* Cost of program” for non-evidence-based health promotion programs. (i.e. blood pressure screening, health fairs among others)
* Incentive items that are not identified in the implementation toolkit or instructor manual.
* Refreshments that are not identified in the implementation toolkit or instructor manual. However, in certain evidence-based workshops “refreshments” are a recommended part of the workshop such as a “healthy” snack for the Stepping On program, in that case it would be an allowable expense.

**Partnerships**

**Q - To increase the capacity of evidence- based health promotion programs, and maximize Title III-D dollars, can counties and/or tribes combine efforts, or contract services from local organizations?**

A - Several counties and/or tribes have created partnerships to provide evidence-based health promotion programming with other Aging Units/ADRC’s, public health, local extension offices, recreation centers, YMCA’s, Senior Centers, etc. Best practice is to create a memorandum of understanding (MOU) between the two (or more) parties which clearly outlines the expectations of each organization. Items to outline in the MOU include fiscal responsibilities and data entry requirements for participants (Wellsky (SAMS) for Aging Units). Clear guidelines need to be established at the onset of registration to avoid duplication of participant information in Wellsky (SAMS), and to properly claim program expenses. If you have questions on how to manage a partnership fiscally, please reach out to GWAAR’s Fiscal Manager, Patrick Metz at [patrick.metz@gwaar.org](mailto:patrick.metz@gwaar.org). If you have questions on how to properly enter that information into Wellsky (SAMS) contact Carrie Kroetz [Carrie.kroetz@gwaar.org](mailto:Carrie.kroetz@gwaar.org).

See Chapter 13 (Starting on page 352) of the Wisconsin Aging Network Policy Manual to learn more about contract administration.

<https://www.dhs.wisconsin.gov/publications/p2/p23203.pdf>

**Q - If I partner with another local organization, such as an Apartment Complex for Older Adults, to implement a health promotion program does the program need to be open to the public?**

A - Yes, if you are using OAA Title III-D funding then the program must be open to any adult 60 and older; therefore, an apartment complex could not limit the program to apartment residents only. In addition, participants 60 and older must be provided with an opportunity to contribute a voluntary contribution.

**Q – If I create a partnership with another organization such as (public health, UW-Madison Division of the Extension, Senior Center, etc.) to implement an evidence-based program (III-D eligible) how long should I collect the participant data and enter into Wellsky (SAMS)?**

A – Best practice when creating a partnership with another organization is to set clear expectations in a Memorandum of Understanding (MOU) and review that document on a yearly basis. An Aging Unit can capture the participant data for up to one year. For example, an Aging Unit partners with their local health department and uses some of their III-D funds to have a leader (from the health department) trained in Stepping On. Per the MOU, the staff person who is trained from the Public Health Department is expected to implement XX number of workshops and provide participant data to the Aging Unit at the end of the workshop. The Aging Unit can capture and enter participant data from the Stepping On workshop for up to one year. At the end of the year, the two organizations should review the program and determine if the Aging Unit will continue to allot some of their III-D funding towards implementation. If the two organizations decide to discontinue the partnership, then the Aging Unit will no longer enter participant data into Wellsky (SAMS). If they decide to continue partnering and the Aging Unit continues to provide III-D funding towards implementation, then the Aging Unit will continue to enter participant data into Wellsky (SAMS).

**Data Collection**

**Q – What participant data do I need to collect to enter OAA Title III-D programming into Wellsky (SAMS)?**

A – Best practice is to enter participant data into Wellsky (SAMS) immediately following the conclusion of a workshop. Aging Units can use the General Services Registration form found on [GWAAR’s data management (SAMS)](https://gwaar.sharepoint.com/sites/gwaaraging/Shared%20Documents/Forms/AllItems.aspx?id=%2Fsites%2Fgwaaraging%2FShared%20Documents%2FData%20Management%20%28SAMS%29%20%2D%20EXT&p=true&ga=1) external SharePoint site. Aging Units can add questions to this form; however, they **cannot** remove anything. In addition, a subservice must be chosen in 23(a) & 23(b) categories. A date of birth (DOB) ***must*** be entered for the participant to be entered under 23(a) evidence-based programming. Ideally, all the participant information on the registration form would be collected and entered; however, if the participant is resistant, you do not have to enter the rest of the data, but the DOB must be included.

**Q - Am I able to report education or awareness campaigns in WellSky (SAMS) if they are not Title III-D eligible programs?**

A - Yes, if you are conducting an awareness or educational campaign that is not associated with a high-level evidence-based workshop, you may report the activity under Public Information, Non-Evidence Based Health Education, – Non-Evidence Based Health Education Materials subservice (16a-Public Information, Health Promotion Ed Materials, Non-EB). This subservice includes educational materials that have been distributed to community members to educate older adults on a variety of health issues (non-evidence based) to increase health knowledge thus improving the self-management of their overall health and reduce the incidence of disease and disability. (Example, Educational materials distributed on stress management or participating in an awareness campaign on social isolation and loneliness). This subservice does NOT include promotional materials and advertisements related to high-level evidence-based health promotion programs. Such promotional materials and advertisements are part of the cost to provide an evidence-based health promotion program, which are reported under service 23a after the class is provided. As a reminder, only services reported under 23a may use OAA Title III-D dollars to implement.

**Q - Can I enter client information into Wellsky(SAMS) when OAA Title III-D dollars were not spent to implement? (Example: Title III-D 23(b) Non-Evidence Based Health Promotion Program)**

A - Yes, if an Aging Unit is not using any Title III money or money that is supporting Title III (tax levy/cash match) you can still report client information in Wellsky (SAMS), however it must be entered as 00-NOAA because it is non-Older American Act funds that are being used.

**Virtual Health Promotion Programming**

**Q – Can OAA Title III-D funds be used for remote programming?**

A – ACL will continue to support OAA Title III-D grantees’ delivery of remote evidence-based health promotion and disease prevention programs ***indefinitely*** if the following two criteria are met:

1. The program developer/administrator is allowing remote delivery; and

2. The program is on the pre-approved list of OAA Title III-D programs for ACL/NCOA and/or Wisconsin ***or*** is a program that meets ACL’s OAA Title III-D evidence-based requirement in the virtual and/or remote format.

See the [Resource Guide: Delivery of Remote Evidence-based Programs](https://www.ncoa.org/article/resource-guide-remote-delivery-of-evidence-based-programs) for best practices and recommendations to implement remote programs.

**Q - Can I use Title III-D dollars to purchase technology needed to implement remote high-level evidence-based health promotion programming?**

A - Yes, under the authority of the Major Disaster Declaration, the State Unit on Aging will allow the use of OAA Title III-D dollars to purchase technology if it is a cost to implement high-level evidence-based health promotion programming. However, there is a line item for assistive technology under Title III-B. We urge counties to develop policies and procedures governing the provision and usage of devices and to consider issues such as:

1. Will the devices be provided on loan or permanently.

2. What are the criteria for distribution.

3. What type of assessment will be made to determine the conditions for provision and the frequency of reassessment.

4. Whether usage by individuals in the home, who are younger than age 60, is a

permissible use.

5. Will IT support be provided and by whom.

6. How will updates to software be provided.

7. Who is responsible if the device is broken, lost or stolen.

8. Will it be used only for the duration of the public health emergency and then retrieved.

**Q – Can American Rescue Plan (ARP) Older Americans Act funds be used for the purchase of technology to deliver remote evidence-based health promotion and disease prevention programs?**

A – Please see the ARP Frequently Asked Questions (FAQs) on the ACL website for more details about the purchase of technology ([program FAQs](https://acl.gov/sites/default/files/2021-05/ARP%20Programs%20FAQ_5_3_2021.pdf) and [fiscal FAQs](https://acl.gov/sites/default/files/2021-05/ARP%20Fiscal%20FAQ_4_30_2021.pdf)). Pages 5-7 of the program [FAQs specifically address OAA Title III-D](https://acl.gov/sites/default/files/2021-05/ARP%20Programs%20FAQ_5_3_2021.pdf).

**Q - How can I deliver programs to those who do not have internet access?**

A – Consider one-on-one programs like [Healthy IDEAS](http://www.eblcprograms.org/docs/pdfs/HI_and_COVID-19_Final.pdf), [PEARLS](http://www.eblcprograms.org/docs/pdfs/HI_and_COVID-19_Final.pdf), and [Enhance Wellness](http://www.eblcprograms.org/docs/pdfs/Project_Enhance_COVID19_Best_Practice_Delivery_Guidance_3182020.pdf) that can be implemented by phone.

Contact the [Wisconsin Institute for Healthy Aging](https://wihealthyaging.org/about-wiha/contact/) for more ideas.