

Older Americans Act (OAA): Title III-D Frequently Asked Questions (FAQ) - Wisconsin

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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 criteria defined by the Administration for Community Living (ACL).

Services Funded

- High-Level Evidence Based Health Promotion Programs

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](#) 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 OAA Title III-D?

A – The Administration for Community Living (ACL) implemented the evidence-based requirement for III-D programming under the Older Americans Act (OAA) to ensure the funds are utilized to support programs with a proven track record of effectiveness. This decision reflects the broader shift in public health and aging services toward using data and research to guide program development, implementation, and evaluation.

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 of products that are available to the public.

**Experimental designs use random assignments and control groups. Quasi-experimental designs do not use random assignments.*

***For purposes of the Title III-D definitions, being “fully translated into one or more community site” 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 are required to sign an annual contract to receive Older Americans Act (OAA) Title III funding. By signing this contract, they agree to provide services supported by those funds, including evidence-based health promotion programs under Title III-D.

If an Aging Unit chooses not to provide required evidence-based health promotion programming, it is not meeting the terms of its signed contract. In such cases, GWAAR may suspend contract payments until the issue is discussed, and an agreement is reached to implement the required Title III-D services.

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](#) can be used to find the list of pre-approved evidence-based programs by ACL and NCOA.
- To find a list of current evidence-based and non-evidence-based health promotion programs being implemented in Wisconsin, view the Peer Place list of III-D categories on GWAAR’s External SharePoint.
- If have any questions whether a program is eligible for III-D funding, please contact Angie Sullivan at angela.sullivan@gwaar.org prior to implementation)

Q – Are State Units on Aging (SUAs) limited to using their III-D funds for programs on NCOA’s pre-approved list?

A – **No.** State Units on Aging (SUAs) are not limited to using Title III-D funds only for programs included on NCOA’s pre-approved list.

While the National Council on Aging (NCOA) maintains a list of evidence-based health promotion programs that meet federal criteria, SUAs may fund other programs if they meet the Older Americans Act (OAA) requirements for evidence-based disease prevention and health promotion services under Title III-D. Programs funded with III-D dollars must meet the federal definition of “evidence-based,” even if they are not included on NCOA’s list.

In Wisconsin, the State Unit on Aging (SUA) has an established process for approving programs eligible for Title III-D funding under its allowable flexibility.

First, the proposed program must address a demonstrated gap in available health promotion programming. The program administrator must then complete a

standardized template explaining how the program meets the five evidence-based criteria established by ACL and NCOA.

The completed documentation is reviewed by multiple SUA staff, including subject matter experts when available. If the program is approved, the program administrator is notified, and the program is added to Wisconsin's list of pre-approved Title III-D eligible programs.

The Aging Network is informed of newly approved programs through several communication channels, including but not limited to, the GWAAR Digest, direct emails to Health Promotion Coordinators, and announcements during the Quarterly Health Promotion Webinar.

Q – How do programs get on NCOA's 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](#).

Participant Eligibility

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 a participant age 60 or older enrolls in a Title III-funded evidence-based program, a spouse, family member, or friend under age 60 may attend; however, that individual is not eligible to receive services supported by Older Americans Act (OAA) Title III funds.

Because OAA Title III services must be directed to individuals age 60 and older, the under 60 participants cannot be supported with III funds. Programs may therefore charge a fee to cover the full cost of participation for individuals under age 60, provided that:

- Title III funds are not used to subsidize their participation
- Costs are properly allocated and documented
- The fee structure is applied consistently and in accordance with local policy

This ensures compliance with OAA requirements while allowing flexibility for mixed-age participation.

Contact Carrie Kroetz if you need more information on entering NOAA participants into Peer Place 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 Peer Place reporting**, unless other arrangements have been made to eliminate duplicate participant reporting in Peer Place. 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 to participants. Expectations of each county should be clearly delineated, including what county will be entering the participant data into Peer Place. *(*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 – **Yes.** If the participant is 60 or older, and you are 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 – According to the Older Americans Act, are there specific groups of adults, aged 60 and older, that should be prioritized when recruiting for Title III-D Programs?

A – **Yes.** The OAA identifies priority populations that should receive preference across all OAA services, including Title III-D (Health Promotion) programs.

Under the OAA, the following groups of adults aged 60+ must be given priority for outreach, recruitment, and service delivery.

- Older adults with the greatest economic need
- Older adults with the greatest social need (socially isolated or lack support systems)
- Older adults who are frail
- Older adults with disabilities
- Older adults with limited English proficiency
- Older adults living in rural areas

These priority groups are defined in the OAA Sections 102 and 306.

Q – If someone wants to join a health promotion program funded by OAA Title III-D but doesn't meet the program's fidelity requirements, can an Aging Unit or ADRC deny their participation?

A – **No.** Services funded by OAA cannot be denied to anyone age 60 or older. However, if a participant cannot meet a program's required activities, the class may **not** count the participant with Title III-D funding; however, you could use Title III-B as Non-Evidence Based.

For example, the Stepping On program requires some standing exercises. A person who uses a wheelchair may not meet those requirements, so a different falls-prevention option—such as Bingocize—may be a better fit.

If no alternative is available and the person still wants to participate, they **must be allowed to enroll**, but they should be told that the program will not be considered evidence-based in their case.

Fiscal (Including Contributions and Cost-sharing)

Q – Can Aging Units and Tribal Aging Units enter OAA Title III-D health promotion participants into Peer Place during a different month than when the expense occurred and the claim form was submitted? For example, if a leader is trained in November and the claim for that training cost is submitted then, but the actual program doesn’t start until January, can the participant data be entered in 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 Peer Place 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 Peer Place tab. If you have any questions, please contact 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](#), universities, [Cooperative Extension System Offices \(USDA\)](#), professional organizations (such as pharmacy, dental and dietetic associations), voluntary donations, outpatient clinics, nonprofit organizations, [federally qualified health centers](#), 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? 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 and 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's data into Peer Place.

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 Peer Place.

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 not participants in Peer Place until the class takes place, and then the AU would report the participants and their hours of attendance in Peer Place.

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**. A 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 (rental fee)

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 – **Yes.** 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 (Peer Place) for Aging Units. Clear guidelines need to be established at the onset of registration to avoid duplication of participant information in Peer Place, and to properly claim program expenses. If you have questions on how to manage a partnership fiscally, please reach out to GWAAR’s Fiscal Department, at fiscal@gwaar.org. If you have questions on how to properly enter that information into Peer Place contact Carrie Kroetz 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 Peer Place?

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 an annual basis. Aging Units 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 funding 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 Peer Place. If the organization chooses to continue the partnership and the Aging Unit maintains III-D funding for implementation, the Aging Unit will continue entering data into Peer Place.

Data Collection

Q – What participant information is required to enter OAA Title III-D programs into Peer Place?

A – Best practice is to enter participant data into Peer Place monthly. Aging Units should use the General Services Registration form found on GWAAR’s external SharePoint site under Data Management/Forms [General Services Registration 2026 rev 02-10-2026.doc](#) . Aging Units can add questions to this form; however, they **cannot** remove anything. 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.**

Still need help? Contact Angie Sullivan, OAA Program Consultant III-D (Health Promotion and Disease Prevention), at angela.sullivan@gwaar.org or 608-228-8081.