NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Aging and Adult Services
2101 Mail Service Center, Raleigh, NC 27699-2101
Phone 919-855-3400
Fax 919-715-0868

Health Services Standards, Including:
Service Code 401: Evidence-based Disease Prevention – Health Promotion (Title IIID)
Service Code 220: Health Promotion/Disease Prevention (Title IIIB)
Service Code 060: Health Screening (Title IIIB)

TABLE OF CONTENTS

HEALTH SERVICES STANDARDS STATEMENT OF PHILOSOPHY AND PURPOSE

I. Health Services Standards Statement of Philosophy and Purpose

Older Americans are disproportionately affected by chronic diseases and conditions, such as arthritis, diabetes and heart disease, as well as by disabilities that result from injuries such as falls. Falls are the leading cause of fatal and non-fatal injuries for older Americans.* Twenty-one percent of the population aged 60 and older – 10.3 million people – have diabetes.** Seven of every 10 Americans who die each year, or more than 1.7 million people, die of a chronic disease.*** The Older Americans Act provides funding in Title IIID and Title IIIB to offer Health Services.

Statement of Philosophy and Purpose for Evidence-based Disease Prevention-Health Promotion Service (Title IIID, Service Code 401)

Title IIID, or Evidence-based Health Promotion and Disease Prevention Services, of the Older Americans Act, OAA, was established in 1987. It provides grants to States and Territories based on their share of the population aged 60 and over for education and implementation activities that support healthy lifestyles and promote healthy behaviors among older adults age 60 and older.

Priority is given to serving older adults living in medically underserved areas of the State or who are of greatest economic need. As of 2012, Congressional appropriations required that OAA Title IIID funding be used only for programs and activities which have been demonstrated to be evidence-based in order to provide the greatest impact given available funding. Evidence-based health promotion programs reduce the need for more costly medical interventions. In 2016, the Administration on Aging, AoA, implemented a high-level set of criteria for defining these evidence-based programs which allowed a variety of programs to be implemented with OAA Title IIID funds.

Funding support to states under Health Promotion and Disease Prevention Services (Title IIID) has been provided by the AoA to empower older adults to take control of their health. In these programs, seniors learn to maintain a healthy lifestyle through increased self-efficacy and self-management behaviors. These classes are provided to older adults:

- In their own communities
- In familiar non-clinical settings, such as community centers
- In peer learning groups which provide support, socialization and reinforcement of positive health behavior changes.

Statement of Philosophy and Purpose for Health Promotion/Disease Prevention (Title IIIB, Service Code 220)

The purpose of Title IIIB Health Promotion and Disease Prevention Services, part of the Home and Community Care Block Grant, HCCBG, is to provide health promotion and disease prevention services to older adults who need them. This service can be used to support activities that may not be allowable with Title IIID funds. Examples of allowable programs are NC Senior Games activities, chair aerobic programs and exercise equipment.

Statement of Philosophy and Purpose for Health Screening (Title IIIB, Service Code 060)

The purpose of Title IIIB Health Screening, part of the HCCBG, is to provide services to detect diseases or health problems and to assist older adults identifying how to address health concerns detected. This service may also be used to support activities that may not be allowable with Title IIID funds. Examples of allowed health screenings are blood pressure, visual acuity and falls prevention screenings.

*Centers for Disease Control and Prevention. Falls Among Older Adults: An Overview, available at: https://www.ncoa.org/news/resources-for-reporters/get-the-facts/falls-prevention-facts/
**Centers for Disease Control and Prevention. Diabetes Public Health Resource: 2007 National Diabetes Fact Sheet, available at: http://www.cdc.gov/diabetes/pubs/estimates07.htm#2
***Centers for Disease Control and Prevention. Chronic Disease Prevention and Health Promotion. Available at: http://www.cdc.gov/chronicdisease/

HEALTH SERVICES STANDARDS LEGAL BASE

II. Health Services Standards Legal Base

Older Americans Act of 1965 as Amended: 42 U.S.C. 3001 et seq., as most recently amended by Public Law 114-144, Enacted April 19, 2016.

Section 102(14); Section 202(a)(28)(31) and (b)(9)(B); Section 303(d); Section 306(a)(2)(A) and (6)(F); Section 321(a)(1)(7)(8)(17)(23); Part D, Section 361.
http://www.aoa.gov/AOA_programs/OAA/Reauthorization/2016/docs/Older-Americans-Act-of-1965-Compilation.pdf

N.C. General Statutes, Chapter 143B
§143B-181.1 Division of Aging – creation, powers and duties.
(a) There is hereby created within the office of the Secretary of the Department of Health and Human Services a Division of Aging, which shall have the following functions and duties:
(11): To administer a Home and Community Care Block Grant for Older Adults, effective July 1, 1992 . . . .
(c) The Secretary of Health and Human Services shall adopt rules to implement this Part and Title 42, Chapter 35, of the United State Code, entitled Programs for Older Americans.
http://www.ncga.state.nc.us/gascripts/Statutes/StatutesTOC.pl

The above referenced legal bases also give the Division of Aging and Adult Services the authority to establish broad procedures that address the administration of aging services. These are covered in the **North Carolina Home and Community Care Block Grant Procedures Manual for Community Service Providers**. This document should be used routinely by providers in administering their programs for topics such as: Confidentiality Policies and Procedures, Applicant/Client Appeals, Reporting Requirements, Reimbursement Procedures, etc.

DEFINITION OF HEALTH PROMOTION, DISEASE PREVENTION AND HEALTH SCREENING (HEALTH SERVICES STANDARDS)

III. Definition of Health Promotion, Disease Prevention, and Health Screening Services (Health Services Standards)

The OAA Sec. 102 (a) (14) defines the term ‘‘disease prevention and health promotion services’’ as —

(A) Health risk assessments;

(B) Routine health screening, which may include hypertension, glaucoma, cholesterol, cancer, vision, hearing, diabetes, bone density, oral health, and nutrition screening;

(C) Nutritional counseling and educational services for individuals and their primary caregivers;

(D) Evidence-based health promotion and disease prevention programs, including programs related to the prevention and mitigation of the effects of chronic disease (including osteoporosis, hypertension, obesity, diabetes, and cardiovascular disease), alcohol and substance abuse reduction, smoking cessation, weight loss and control, stress management, falls prevention, physical activity and improved nutrition;

(E) Programs regarding physical fitness, group exercise, and music therapy, art therapy, and dance-movement therapy, including programs for multigenerational participation that are provided by—

(i) an institution of higher education;
(ii) a local educational agency, as defined in section 14101 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 8801); or
(iii) a community-based organization;

(F) Home injury control services, including screening of high-risk home environments and provision of educational programs on injury prevention (including fall and fracture prevention) in the home environment;

(G) Screening for the prevention of depression, coordination of community mental and behavioral health services, provision of educational activities, and referral to psychiatric and psychological services;

(H) Educational programs on the availability, benefits, and appropriate use of preventive health services covered under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.);

(I) Medication management screening and education to prevent incorrect medication and adverse drug reactions;

(J) Information concerning diagnosis, prevention, treatment, and rehabilitation concerning age-related diseases and chronic disabling conditions, including osteoporosis, cardiovascular diseases, diabetes, and Alzheimer's disease and related disorders with neurological and organic brain dysfunction;

(K) Gerontological counseling; and

(L) Counseling regarding social services and follow up health services based on any of the services described in subparagraphs (A) through (K).

The term shall not include services for which payment may be made under titles XVIII and XIX of the Social Security Act (42 U.S.C. 1395 et seq., 1396 et seq.). The criteria for use of Title IIID and HCCBG funds for these programs are included under "Service Provision," which begins on page 8.

CLIENT ELIGIBILITY

IV. Client Eligibility

The target population of all Health Promotion, Disease Prevention and Health Screening services is persons 60 years of age and older. Special emphasis should be placed on serving those individuals who have the greatest economic and social need for services, including providing services to low income minority individuals, those who are at increased risk of health impairment and/or disparities, those who do not have access to other preventive and health maintenance services, and older individuals residing in rural areas.

Persons eligible for Health Screening Services shall include persons 60 years of age or older:
(1) who are at the highest risk of having or developing health problems;
(2) who have not sought primary medical care; and
(3) who may be at risk of developing health problems.

HEALTH SERVICES STANDARDS SERVICE PROVISION

V. Service Provision

Disease Prevention-Health Promotion (Title IIID, Service Code 401)

Evidence-based programs are required for Title IIID funded activities. This change followed a decade of progress by the aging services network to move their efforts toward implementing disease prevention and health promotion programs that are based on scientific evidence and demonstrated to improve the health of older adults. The Federal FY-2012 Congressional appropriations law included, for the first time, an evidence-based requirement. In response to that new requirement, the Administration for Community Living, ACL developed an evidence-based definition to support the transition**.** As of July 1, 2016, Title IIID funds will only be able to be used on health promotion programs that meet a high-level criterion (Tier III).

There are two ways to assess whether Title IIID funds can be spent on a particular program:

1. The program meets the requirements for ACL's Evidence-Based Definition (see below), or
2. The program is considered to be an "evidence-based program" by any operating division of the U.S. Department of Health and Human Services (HHS) (http://www.hhs.gov/about/agencies/hhs-agencies-and-offices/index.html) and is shown to be effective and appropriate for older adults

Title IIID funds can be spent on programs that meet ACL's Evidence-Based Definition, or are considered an evidence-based program by an agency of the U.S. Department of Health and Human Services. A number of federal registries of appropriate evidence-based programs are listed in the Resources section on the ACL's Resources page (http://www.aoa.acl.gov/AoA_Programs/HPW/Title_IIID/index.aspx#resource).

The tiered set of criteria for defining these evidence-based programs that existed from 2012-2016 has been replaced by one set of criteria, with the following parameters:

- Demonstrated through evaluation to be effective for improving the health and wellbeing 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 assignment and a control group. Quasi-experimental designs do not use random assignment.*

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

Program Examples include:

- *A Matter of Balance*
- *Active Living Every Day (ALED)*
- *AEA Arthritis Foundation Aquatic Program (AFAP)*
- *AEA Arthritis Foundation Exercise Program (AFEP)*
- *Better Choices, Better Health - online CDSME (see next bullet)*
- *Chronic Disease Self-Management Program Education (CDSME) Programs (Chronic Disease SMP; Arthritis SMP; Chronic Pain SMP; Diabetes SMP, Positive SMP for HIV, Tomando Control de Su Salud (Spanish CDSMP), Programa de Manejo Personal de la Artritis (Spanish ASMP), Programa de Manejo Personal de la Diabetes (Spanish DSMP))*
- *Enhance Fitness*
- *Enhance Wellness*
- *Fit and Strong!*
- *Geri-Fit Strength Training Workout*
- *Healthy IDEAS (Identifying Depression, Empowering Activities for Seniors)*
- *HomeMeds*
- *National Diabetes Prevention Program (NDPP)*
- *The Otago Exercise Program*
- *Powerful Tools for Caregivers*
- *Tai Chi for Arthritis*
- *Tai Chi Quan: Moving for Better Balance*
- *Walk with Ease*

A High-Tier Criteria Cost Chart is available at: https://www.ncoa.org/wp-content/uploads/Title-IIID-Highest-Tier-Evidence-FINAL.pdf and provides details and costs associated with many of the highest-level Title IIID programs.

Priority should be placed on providing those programs and activities which address the leading health problems of older adults in the community. Services are to be provided in settings that are easily accessible to older adults and are appropriate and adequate for the programs and activities provided.

Agencies providing services are strongly encouraged to utilize older consumers and community agencies concerned with the health and wellness of older adults in the planning, development and delivery of programs and activities.

An allowable expense is one that is directly related to the implementation of an evidence-based program. Expenses for rental space can only be used for the days the program or service took place. Food must be listed in the curriculum materials to be allowed with Title IIID funds.

Health Promotion/Disease Prevention (HCCBG, Title IIIB, Service Code 220)

Health Promotion/Disease Prevention funds can be used to support health promotion and/or disease prevention activities that are not allowable with Title IIID funds. Activities supported with these funds should meet the definitions disease prevention and health promotion services (Section III of these standards).

Health Screening (HCCBG, Title IIIB, Service Code 060)

Per 10A NCAC 06F .0201Health Screening Services shall:
(1) be provided at facilities that are able to ensure individual privacy while conducting screening activities;
(2) include, at a minimum, basic screenings of height and weight, blood pressure, and visual acuity;
(3) include a medical history questionnaire for participants; and
(4) provide individualized counseling to participants.
(b) Medical treatment may not be provided as part of the health screening service.

Health Services Standards Practice Guidelines:

It is recognized that Title IIID and Title IIIB funds will not be sufficient to meet all the disease prevention, health promotion, and health screening needs of individuals in a given community. Partnership and collaboration are critical to leverage and extend the reach of health promotion programs. It is common practice to braid or blend funding streams to fund different components of the same activity in order to make a complete program. Depending on the health promotion program, partnering agencies and potential funding sources may include public health departments, hospitals, clinics and community health centers, non-profit organizations, city parks and recreation departments, United Way or foundations, universities and community colleges, Cooperative Extension Services, faith-based organizations, professional organizations (such as pharmacy, dental and dietetic associations), voluntary or sliding fee-scale donations, and private donors. Emphasis should be placed on utilizing other funding sources to purchase supplies and incentive items utilized to promote Health Promotion and Disease Prevention services or to reward program participants (ex. tee shirts, water bottles, books, refreshments, etc.). The use of evidence-based health promotion program business plans may be especially useful in partnering with health care groups.

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 for by a local grocery store; healthy cooking demo hosted by a local restaurant; benefits of stretching demo by a local gym instructor; presentation on building healthy relationships by a local therapist, psychiatrist,

psychologist or psychotherapist; alternative medicines demo by a local acupuncturist, massage therapist or herbalist; bicycle and pedestrian safety demo by a local partner of the National Bicycle Safety Network ; back health demo by a local chiropractor; CPR and First Aid demo by local EMTs; dental care presentation by a local dentist or dental hygienist; and skin cancer prevention demo hosted by a local dermatologist.

In addition to partnerships outside the Aging Services Network, AAAs can work together to pool their Title IIID funding and implement regional and/or statewide evidence-based programs.

Agencies which provide exercise/physical fitness programs are encouraged to have program participants sign liability waiver forms which are maintained on file.

Prohibited Activities:

Services covered under Title XVIII (Medicare) of the Social Security Act (42 U.S.C. 1395 et. seq.) cannot be paid for with Title IIID or Title IIIB funds. This includes flu shots, mammograms, pap smears, laboratory services, and durable medical equipment. Consult the Medicare Handbook, https://www.medicare.gov/pubs/pdf/10050.pdf, for information on services covered by Medicare.

The purchase of medical services, prescription drugs, physical examinations, home safety devices for individuals, and activity of daily living supply items, (ex. grab bars for tubs, etc) are not allowable costs.

HEALTH SERVICES STANDARDS STAFFING REQUIREMENTS AND TRAINING

VI. Health Services Standards Staffing Requirements and Training

Staffing and Training Requirements for Disease Prevention-Health Promotion (Title IIID, Service Code 401)

All evidence-based health promotion and disease prevention programs require that instructors/leaders/coaches be trained in the program and adhere to the curriculum to maintain fidelity, though staff and training requirements may vary. The National Council on Aging provides a summary of initial and updated training requirements in their Highest Tier Evidence-Based Health Promotion and Disease Prevention Programs Cost Chart at the following site: https://www.ncoa.org/wp-content/uploads/Title-IIID-Highest-Tier-Evidence-FINAL.pdf

Staffing and Training Requirements for HCCBG Health Promotion/Disease Prevention funds (Title IIIB, Service Code 220) and Health Screening (Home and Community Care Block Grant, Title IIIB, Service Code 060)

When providing health services, appropriately trained professionals or paraprofessionals should be used. An example is using a Registered Nurse to administer blood pressure checks or blood glucose monitoring. All personnel providing services must meet relevant licensure and certification requirements established by North Carolina General Statutes.

Practice Guidelines for Disease Prevention-Health Promotion (Title IIID, Service Code 401):

Staffing – Many programs require two trainers to facilitate the workshop series and are best facilitated by class peers, or lay leaders. When using a volunteer, reimbursement may be used to compensate leaders for their mileage, meals, parking and other out of pocket expenses considered reimbursable costs by the local agency policy. Volunteers may never replace staff or receive pay for services rendered per the US Department of Labor. Compensating leaders for their expenses may help with retention, especially when the leader is a volunteer. Having a memorandum of agreement with leaders may be helpful in outlining expectations and is another tool in retaining leaders.

Fidelity Monitoring – To ensure that evidence-based health promotion programs are offered with fidelity, on-site observations and reviews are suggested. If a program requires a license, the responsibility of fidelity monitoring falls to the licensed organization or person. Standardized observation tools exist for some programs and can be adapted to monitor all programs offered in the community. One-on-one technical assistance and problem-solving may be required to ensure fidelity is maintained by leaders.

Best practices to ensuring fidelity include: pairing new leaders with experienced leaders; having leaders teach each program in which they are trained yearly; maintaining a memorandum of agreement; and re-training leaders to reinforce or update program information. More information about fidelity can be found on the National Council on Aging's (NCOA) website at http://ncoa_archive.ncoa.org/chamodules/documents/MaintainFidelityTool.pdf.

HEALTH SERVICES STANDARDS DOCUMENTATION AND REPORTING

VII. Health Services Standards Documentation and Reporting

A. Documentation: Each agency providing Health Promotion and Disease Prevention services must establish and maintain appropriate records (sign in sheets, etc.) to document individuals' participation in services.

B. Confidentiality: Agencies which provide Health Services and Health Screen Screening shall ensure that all participant information collected is maintained in accordance with the Confidentiality Policies and Procedures as outlined in the DAAS Home and Community Care Block Grant Procedures Manual.

C. Consumer Contributions: In accordance with the requirements of the Older Americans Act, agencies must provide individuals receiving service the opportunity to contribute to the cost of service. These voluntary contributions are used to expand the services to others. Agencies must establish written policies and procedures governing the collection of consumer contributions. Documentation requirements for requesting consumer contributions are outlined the Division of Aging and Adult Services Manual – Consumer Contribution Policies and Procedures.

D. Requirements for documenting, depositing, and reporting contributions follow standard fiscal guidelines. The contribution should always be counted and recorded by two people, for their own protection and because this is an accepted accounting practice. The person who verifies and deposits the funds should not be the same person who counted and recorded the donations. The contribution record should match the deposit record on the agency's general ledger. This amount should also match the report of program income on Aging Resources Management System, ARMS. An agency must never reduce the amount of contributions reported because of petty cash purchases. Strict accounting procedures should be used.

E. Reporting: Providers of Health Promotion and Disease Prevention services shall submit to the Area Agency on Aging each quarter the number of unduplicated persons served for each program or activity offered with Title IIID funds. For programs that collect demographic and/or outcomes data, the paperwork should also be submitted quarterly with attendance records.

   Area Agencies on Aging should submit attendance records, demographic, and outcomes data (if applicable) to the UNC-Asheville's Center for Healthy Aging or other appropriate organization collecting specific evidence-based program data at least quarterly. Area Agencies on Aging should also submit the number of unduplicated persons served for

each program or activity offered with Title IIID funds to the Division of Aging and Adult Services quarterly.

F. Reimbursement: Health Promotion and Disease Prevention services will be reimbursed based upon line item expenditures. Specific procedures for service reimbursement are outlined in the Division of Aging Home and Community Block Grant Procedures Manual for Community Service Providers, http://www.ncdhhs.gov/document/home-and-community-care-block-grant-procedures-manual-community-service-providers.

APPENDIX A

Federal and State Requirements

I. Federal Requirements

Older Americans Act Health Requirements

The Older Americans Act of 1965, as amended by Public Law114-144, in April 2016, provides the federal requirements for health programs funded under the N.C. Home and Community Care Block Grant and Title IIID. An official version of the Act can be accessed through the Administration on Aging website:
http://www.aoa.gov/AOA_programs/OAA/Reauthorization/2016/docs/Older-Americans-Act-of-1965-Compilation.pdf

The following six sections pertain to health services:

PART B: Section 102(14); Section 202(a)(28)(31) and (b)(9)(B); Section 303(d); Section 306(a)(2)(A) and (6)(F); Section 321(a)(1)(7)(8)(17)(23);
PART D: Section 361.

102. (14) See III. 'Definition of Health Promotion and Disease Prevention Services' Section

202. (a) It shall be the duty and function of the Administration to:
(28) make available to States, area agencies on aging, and service providers information and technical assistance to support the provision of evidence-based disease prevention and health promotion services.
(31) provide technical assistance to and share best practices with States, area agencies on aging, and Aging and Disability Resource Centers, on how to collaborate and coordinate services with health care entities, such as Federally-qualified health centers, as defined in section 1905(l)(2)(B) of the Social Security Act (42 U.S.C. 1396d(l)(2)(B)), in order to improve care coordination for individuals with multiple chronic illnesses.

202. (b) To promote the development and implementation of comprehensive, coordinated systems at Federal, State, and local levels that enable older individuals to receive long-term care in home and community-based settings, in a manner responsive to the needs and preferences of older individuals and their family caregivers, the Assistant Secretary shall, consistent with the applicable provisions of this title –

(9) establish, either directly or through grants or contracts, national technical assistance programs to assist State agencies, area agencies on aging, and community-based service providers funded under this Act in implementing –

(B) evidence-based disease prevention and health promotion services programs;

303. (d) They are authorized to be appropriated to carry out part D (relating to disease prevention and health promotion services) $20,361,334 for fiscal year 2017, $20,803,107 for fiscal year 2018, and $21,244,860 for fiscal year 2019**.**

306 (a) Each area agency on aging designated under section 305(a)(2)(A) shall, in order to be approved by the State agency, prepare and develop an area plan for a planning and service area for a two-, three-, or four-year period determined by the State agency, with such annual adjustments as may be necessary. Each such plan shall be based upon a uniform format for area plans within the State prepared in accordance with section 307(a)(1). Each such plan shall—

(2) provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services—

(A) services associated with access to services (transportation, health services (including mental health services) outreach, information and assistance, (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible) and case management services;

(6) provide that the area agency on aging will—

(F) in coordination with the State agency and with the State agency responsible for mental health services, increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental health services (including mental health screenings) provided with funds expended by the area agency on aging with mental health services provided by community health centers and by other public agencies and nonprofit private organizations;

321. (a) The Assistant Secretary shall carry out a program for making grants to States under State plans approved under section 307 for any of the following supportive services:

(1) health (including mental health), education and training, welfare, informational, recreational, homemaker, counseling, referral, chronic condition self-care management, or falls prevention services;

(7) services designed to enable older individuals to attain and maintain physical and mental well-being through programs of regular physical activity, exercise, music therapy, art therapy, and dance-movement therapy;

(8) services designed to provide health screening (including mental and behavioral health screening and falls prevention services screening) to detect or prevent (or both) illnesses and injuries that occur most frequently in older individuals;

(17) health and nutrition education services, including information concerning prevention, diagnosis, treatment, and rehabilitation of age-related diseases and chronic disabling conditions
(23) services designed to support States, area agencies on aging, and local service providers in carrying out and coordinating activities for older individuals with respect to mental health services, including outreach for, education concerning, and screening for such services, and referral to such services for treatment;

Part D – EVIDENCE-BASED DISEASE PREVENTION AND HEALTH PROMOTION SERVICES PROGRAM AUTHORIZED
Section. 361.

(a) The Assistant Secretary shall carry out a program for making grants to States under State plans approved under section 307 to provide evidence-based disease prevention and health promotion services and information at multipurpose senior centers, at congregate meal sites, through home delivered meals programs, or at other appropriate sites. In carrying out such program, the Assistant Secretary shall consult with the Directors of the Centers for Disease Control and Prevention and the National Institute on Aging.
(b) The Assistant Secretary shall, to the extent possible, assure that services provided by other community organizations and agencies are used to carry out the provisions of this part.
(c) The Assistant Secretary shall work in consultation with qualified experts to provide information on methods of improving indoor air quality in buildings where older individuals congregate**.** (42 U.S.C. 3030m)

II. State Requirements

North Carolina General Statues and NC Administrative Code Title 10A

The NC Administrative Code (NCAC) is authorized by NC General Statues. Title 10A includes rules for the NC Department of Health and Human Services. Chapters 5 through 8 are the rules of the NC Division of Aging and Adult Services.
http://www.ncga.state.nc.us/EnactedLegislation/Statutes/HTML/BySection/Chapter_143B/GS_143B-181.4.html

North Carolina General Statues 143B-181.1

(a): There is hereby created within the office of the Secretary of the Department of Health and Human Services a Division of Aging, which shall have the following functions and duties:

(11) To administer a Home and Community Care Block Grant (HCBG) for older adults, effective July 1, 1992. The HCCBG shall be comprised of applicable OAA funds, Social Services Block Grant funding, -- State funds for home and community care services,-- portions of the State In-Home and Adult Day Care funds --, and other funds appropriated by the General Assembly as part of the HCCBG.--The total amount of OAA funds to be

included in the HCCBG and the matching rates for the block grant shall be established by the Department of Health and Human Services, Division of Aging.—

(c): the Secretary of Health and Human Services shall adopt rules to implement this Part and title 42, Chapter 35, of the United States code, entitled Programs for Older Americans *(http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter_143B/GS_143B-181.1.pdf).*

North Carolina G.S. 143B-181.4: Responsibility for developing policy is vested in the Secretary of the Department of Health and Human Services to be the bridge between the federal and local level and shall review policies that affect the well-being of older people.
Responsibilities may include:

(4) Promoting the development and expansion of services
(5) Evaluation of programs

NC Administrative Code Title 10A pertaining to Health Services

10A NCAC 06F .0101 SCOPE OF HEALTH SCREENING SERVICES
As used in this Subchapter, the following definition of Health Screening Services shall apply. Health Screening Services consist of providing general medical testing, screening, and referral for the purpose of promoting the early detection and prevention of health-related problems in older adults.
History Note: Authority G.S. 143B-181.1(c); Eff. March 1, 1994.SECTION .0200

10A NCAC 06F .0202 ELIGIBILITY FOR HEALTH SCREENING SERVICES
Persons eligible for Health Screening Services shall include persons 60 years of age or older: (1) who are at the highest risk of having or developing health problems; (2) who have not sought primary medical care; and (3) who may be at risk of developing health problems.
History Note: Authority G.S. 143B-181.1(c); Eff. February 1, 1994.

10A NCAC 06F .0201 PROVISION OF HEALTH SCREENING SERVICES
(a) Health Screening Services shall: (1) be provided at facilities that are able to ensure individual privacy while conducting screening activities; (2) include, at a minimum, basic screenings of height and weight, blood pressure, and visual acuity; (3) include a medical history questionnaire for participants; and (4) provide individualized counseling to participants.
(b) Medical treatment may not be provided as part of the health screening service.
History Note: Authority G.S. 143B-181.1(c); Eff. March 1, 1994.

10A NCAC 06F .0203 PERSONNEL REQUIREMENTS
All personnel providing services shall meet relevant licensure and certification requirements established by North Carolina General Statutes.
History Note: Authority G.S. 143B-181.1(c); Eff. February 1, 1994

The above referenced legal bases also give the Division of Aging and Adult Services the authority to establish broad procedures that address the administration of aging services. These

are covered in the **North Carolina Home and Community Care Block Grant Procedures Manual for Community Service Providers**. This document should be used routinely by providers in administering their programs for topics such as: Confidentiality Policies and Procedures, Applicant/Client Appeals, Reporting Requirements, Reimbursement Procedures, etc.