

Evidence-Based Program Opportunities At a Glance

Chronic Disease Self-Management Program (CDSMP) “Living Well with Chronic Conditions”

Program Goals:	Increase self-management through building skills in goal setting, problem solving, communication, working with health care providers and conditions and treatment management.
Leader Training:	4 day training required. Regionally located based on need and interest level.
Description:	Trained leaders provide an interactive skill-building program to improve the abilities of seniors to manage chronic illness (such as arthritis, diabetes, depression, heart disease, etc.).
Class Size:	8-15
Length / Timeframe:	2 hour session Once per week for 6 weeks
Target Population:	Adults 60+ with chronic conditions who are able to participate in goal setting and problem solving activities.
License Fee:	Program can be implemented under the license that MNRAAA holds. Leaders must be trained by certified Master Trainers.
Materials:	Easel, easel pad & markers. Book and Relaxation CD to accompany the class available but not required. Leader Manual provided at training.
Facilitators / Leaders:	Professional and/or peer leaders, 2 per workshop. Ideally one of the leaders will have a chronic condition. Leaders must be trained to facilitate the program by certified Master Trainers.
Facilities:	Tables in U-shape or circle, chairs, ADA accessible
Data Collection:	Evaluation and survey forms will be available and required by MNRAAA
Program Monitoring:	MNRAAA will provide program support and fidelity monitoring
For More Information:	http://patienteducation.stanford.edu/programs/cdsmp.html

Matter of Balance (MOB)

Program Goals:	Reduce fear of falling, increase self-management skills in preventing falls including goal setting, problem solving and increasing balance, flexibility and lower body strength.
Leader Training:	8 hour training required. Regionally located based on need and interest level.
Description:	Trained leaders provide an interactive skill-building program to improve the abilities of seniors to prevent falls.
Class Size:	8-15
Length / Timeframe:	2 hour session Once per week for 8 weeks
Target Population:	Adults 60+ with a history of falls or at risk of falls who are able to participate in goal setting and problem solving activities.
License Fee:	License is required, but programs can be implemented under the license held by the MNRAAA. Leaders must be trained by certified Master Trainers.
Materials:	Easel, easel pad & markers. Participant Workbooks, Leader Manual and 2 DVDS.
Facilitators / Leaders:	Professional and/or peer leaders, 2 per workshop. Leaders must be trained to facilitate the program by certified Maser Trainers.
Facilities:	Tables in U-shape or circle, chairs, ADA accessible
Data Collection:	Evaluation and survey forms will be available and required by MNRAAA
Program Monitoring:	MNRAAA will provide program support and fidelity monitoring
For more information:	http://www.mainehealth.org/mh_body.cfm?id=432

2013 HHS Poverty Guidelines for the 48 Contiguous States and the District of Columbia

<u>Size of Family Unit</u>	<u>Poverty Guidelines</u>
1	\$11,490
2	15,510
3	19,530
4	23,550
5	27,570
6	31,590
7	35,610
8	39,630

•For family units with more than 8 members, add \$4,020 for each additional member. (The same increment applies to smaller family sizes also, as can be seen in the figures above.)

•The information in this table was originally published in the *Federal Register* on January 24, 2013.

MINNESOTA RIVER AREA AGENCY ON AGING®, INC. 2014 TITLE III FUNDING SCHEDULE

FOR THE SOUTHWEST PLANNING & SERVICE AREA INCLUDING THE COUNTIES OF:
BIG STONE, BLUE EARTH, BROWN, CHIPPEWA, COTTONWOOD, FARIBAULT, JACKSON, KANDIYOHI, LAC QUI
PARLE, LE SUEUR, LINCOLN, LYON, MARTIN, McLEOD, MEEKER, MURRAY, NICOLLET, NOBLES, PIPESTONE,
REDWOOD, RENVILLE, ROCK, SIBLEY, SWIFT, WASECA, WATONWAN & YELLOW MEDICINE

OLDER AMERICANS ACT FUNDING UNDER

TITLE III-B SUPPORTIVE SERVICES

TITLE III-D HEALTH PROMOTION AND DISEASE PREVENTION SERVICES

TITLE III-E NATIONAL FAMILY CAREGIVER SUPPORT SERVICES

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|----|---|-------------------------------|
| 1. | Notify Existing Grantees/Contractors of Transition to Five Year Funding Cycle | 06.13.2013 |
| 2. | Request for Title III-D Grant Applications and Grant/Contract Renewal Documents | 06.28.2013 |
| 3. | Title III-D Grant Applications and Grant/Contract Renewal Documents Due | 08.06.2013 |
| 4. | NE/NW Area ACA Review of Applications / Proposals | 08.20.2013 |
| 5. | SW Area ACA Review of Applications / Proposals | 08.21.2013 |
| 6. | SE Area ACA Review of Applications / Proposals | 08.22.2013 |
| 7. | MNRAAA Funding Task Force Review of Title III-D Applications and Grant/Contract Renewal Requests, Applicant / Proposer Interviews and Award Recommendations | 09.10.2013
&
09.11.2013 |
| 8. | MNRAAA Board of Directors Awards Funding | 09.26.2013 |
| 9. | Awards Available/Service Delivery Begins | 01.01.2014 |

NOTE: Schedule is subject to change.

KEY: MNRAAA=Minnesota River Area Agency on Aging®, Inc.; ACA=Advisory Council on Aging

SAMPLE NON-DISCRIMINATION POLICY

It is the policy of _____ to provide service to all older persons (60+) without regard to race, color, creed, religion, national origin, disability, or sex. The same requirements are applied to all, and there is no distinction in eligibility for, or in the manner of providing services. All services are available without distinction to all eligible program participants regardless of race, color, creed, religion, national origin, disability or sex. All persons and organizations having occasion either to refer older persons for services or to recommend our services are advised to do so without regard to the older person's race, color, creed, religion, national origin, disability or sex.

The person designated to coordinate compliance with Section 504 of the Rehabilitation Act of 1973, Older Americans Act of 1965, Minnesota Human Rights Act of 1989, and Americans with Disabilities Act of 1990 and amendments thereto, is _____ who can be reached at _____. Hearing impaired persons are requested to access this number through Minnesota Relay at 711.

NOTE: This, or an equivalent policy statement, should be officially adopted and made immediately effective. A non-discrimination statement must be included in brochures, patient handbooks, newsletters, employee handbooks, and any advertising in the Yellow Pages, local newspaper, radio, TV, etc. A copy should be given to each individual and organization that refers persons to you, and it should be conspicuously posted in your facility and that of providers and sub-grantees (including sites for service delivery).

SAMPLE CIVIL RIGHTS COMPLAINT PROCEDURE

The services, facilities, and benefits of this program are for the use of all older people caregiver regardless of race, color, creed, religion, national origin, disability, or sex.

Any individual who feels he/she has been denied the opportunity to participate in this program and wishes to file a complaint of discrimination should write to the following office:

Executive Director
Minnesota Board on Aging
540 Cedar Street
PO Box 64976
St. Paul, MN 55164-0976

Your complaint will receive immediate attention and prompt corrective action as may be necessary will be undertaken. As complainant, you will be informed of the disposition of your complaint as soon as possible.