

**DISEASE PREVENTION & HEALTH PROMOTION**  
**VIRGINIA DEPARTMENT FOR THE AGING**  
**SERVICE STANDARD**

**Definitions**<sup>1</sup>

Disease Prevention and Health Promotion Services refers to the following activities:

- A. Health risk assessments;
- B. Routine health screening, which may include hypertension, glaucoma, cholesterol, cancer, vision, hearing, diabetes, bone density, and nutrition screening;
- C. Nutritional counseling and educational services for individuals and their primary caregivers;
- D. Health promotion programs, including but not limited to programs relating to prevention and reduction of effects of chronic disabling conditions (including osteoporosis and cardiovascular disease) alcohol and substance abuse reduction, smoking cessation, weight loss and control, and stress management;
- E. Programs regarding physical fitness, group exercise, and music, art, 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 1471 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 2891);
  - 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 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.) (Medicare);
- I. Medication management screening and education to prevent incorrect medication and adverse drug reactions;
- J. Information concerning diagnosis, prevention, treatment, and rehabilitation of diseases, 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 paragraphs (A) through (K)

Disease Prevention and Health Promotion Services may also include information and education about adaptive devices.

The following definitions apply to terms used in Service Activity "E" above:

- Art therapy: The use of art and artistic processes specifically selected and administered by an art therapist to accomplish the restoration, maintenance, or improvement of the mental, emotional, or social functioning of an older individual.

---

<sup>1</sup> National Aging Program Information System Reporting Requirements – State Program Report Definitions

- Dance therapy: The use of psychotherapeutic movement, as a process facilitated by a dance-movement therapist, to further the emotional, cognitive, or physical health of an older individual.
- Music therapy: The use of musical or rhythmic interventions specifically selected by a music therapist to accomplish the restoration, maintenance, or improvement of social or emotional functioning, mental processing, or physical health of an older individual.

The following definitions apply to terms used in Service Activity “I” above:

- Medication management: Information and education that helps older citizens understand how to take prescription, over-the-counter (OTC), and herbal medications in a safe and proper manner including following the regimen provided by their physician or pharmacist. The use of devices (pill boxes, pill cutters, timers, etc.) that assist persons to take their medication properly is included.<sup>2</sup>
- Medication screening: Referral of older citizens to a physician or pharmacist for information and assistance with their medications. Invitations to pharmacists to provide this information on an individual basis and/or in group settings are included.<sup>3</sup>
- Medication education: Provision of information to older citizens about prescription, OTC, and herbal medications including common side effects, the dangers of mixing medications, and other issues related to medication management and screening. The development of brochures, videos, or other materials or resources that provide information about, or assistance with, the proper management of prescription, OTC, and herbal medications is included.<sup>4</sup>

### **Eligible Population**

Disease Prevention and Health Promotion Services are targeted to persons 60 years of age or older. Priority shall be given to older individuals with greatest economic and social need, with special emphasis on low- income minority individuals, older individuals with limited English proficiency, older persons residing in rural or geographically isolated areas, and older individuals at risk for institutional placement.<sup>5</sup>

### **Service Delivery Elements**

#### **Program Requirements**

Disease prevention and health promotion services and information shall be provided at multipurpose senior centers and congregate meal sites, through home delivered meals programs, or at other appropriate sites.<sup>6</sup> Please see Congregate Nutrition Services and Home Delivered Nutrition Service Standards.

---

<sup>2</sup> VDA Interim Guidelines for Medication Management, Screening & Education (March 13, 2001)

<sup>3</sup> Ibid.

<sup>4</sup> Ibid.

<sup>5</sup> Ibid., Section 306(5)(B)(i)(I)

<sup>6</sup> Older Americans Act Amended 2000 Section 361

## Medication Management<sup>7</sup>

The purpose of this program is to encourage older persons to communicate with their physician and pharmacist about medications and to provide services to prevent medication misuse and adverse medication reactions. Services may be provided directly to older persons. Information and/or training about medication management may also be provided to family members, friends, and health care and human services professionals who work with or come into contact with older persons.

## Assessment

- A service-specific assessment shall be performed on each potential client that determines whether the individual is eligible for the service. Client assessment data shall be documented in the VDA-approved electronic client database.
- If individual hours will be entered into the VDA-approved electronic client database, the Virginia Service – Quick Form (Part “A” Uniform Assessment Instrument is not completed) is required.
- Use of the Virginia Service – Quick Form is recommended, but not required, if there are only group hours or contacts that will not be entered into the VDA-approved electronic client database.
- The answer to the question “Is Client in Federal Poverty?” (answer Yes or No) must be asked and recorded in the VDA-approved electronic client database.
- Any fee for service charge to the client shall be determined by the applicable sliding fee scale. The Federal Poverty/VDA form may be used.

## Administrative Elements

### Staff Qualifications

Whenever possible, the Area Agency on Aging or service provider shall utilize health experts and other community resources to provide services. When AAA or service provider staff is used, they shall possess the following minimum qualifications:

- Knowledge: Biological, psychological, and social aspects of aging; the impact of disabilities and illness on aging; community resources; public benefits eligibility requirements; disease prevention and health promotion; medical conditions; learning styles of older adults.
- Skills: Establishing and sustaining interpersonal relationships; problem solving; designing educational materials; public speaking.
- Abilities: Communicate with persons with varying socioeconomic backgrounds; work independently.

### Job Descriptions<sup>8</sup>

For each paid and volunteer position funded by Title III of the Older Americans Act, an Area Agency on Aging must maintain:

---

<sup>7</sup> VDA Interim Guidelines for Medication Management, Screening & Education (March 13, 2001)

<sup>8</sup> 22 VAC 5-20-250, Grants To Area Agencies On Aging, Department for the Aging Regulations, Virginia Administrative Code

- A current and complete job description which shall cover the scope of disease prevention and health promotion services staff duties and responsibilities; and
- A current description of the minimum entry-level standards of performance for each job.

### Units of Service

Units of service must be reported in the VDA-approved client database for each client receiving the service. Service units can be reported by client on a daily basis, but not aggregated (summarized) more than beyond one calendar month.

See Attachment for specific service activities and corresponding type of hours to be reported.

- Hours (individual) – The number of hours spent one-on-one providing disease prevention and health promotion services to the individual senior, family member, or caregiver.
- Persons served (unduplicated) - The number of persons who are provided with the service and who receive individual hours.

Individual Hours - Service activities provided to a specific individual; individual hours are required for the VDA-approved client database.

### Optional Group Units (Not entered into the VDA-approved client database)

- Group Participants – The number of people attending the presentation, meeting, or program (activity provided to more than one person or in a group setting).
- Number of Group Presentations – The number of programs on disease prevention/health promotion topics.

Group Units – These activities cannot be entered into the VDA-approved client database. They are reported on the Optional Units page of the AMR.

### Program Reports

- Aging Monthly Report (AMR) to VDA by the twelfth (12<sup>th</sup>) of the following month. If the Area Agency on Aging provides this service, this report must be updated and submitted even if no expenditures or units of service occurred.
- Client level data from the VDA-approved electronic database shall be transmitted to VDA by the last day of the following month.

### Consumer Contributions/Program Income

There must be a written policy on handling of Client Program Income (CPI) and other gratuities and donations.<sup>9</sup>

Cost Sharing/Fee for Service: An Area Agency on Aging is permitted to implement cost sharing /fee for service for recipients of this service.<sup>10</sup>

---

<sup>9</sup> 22 VAC 5-20-410, Grants To Area Agencies On Aging, Department for the Aging Regulations, Virginia Administrative Code

<sup>10</sup> Older Americans Act of 1965, as amended, Section 315 (a)

And/or

Voluntary Contributions: Voluntary contributions shall be allowed and may be solicited for this service, provided that the method of solicitation is non-coercive. Voluntary contributions shall be encouraged for individuals whose self-declared income is at or above 185% of the poverty line, at contribution levels based on the actual cost of services.<sup>11</sup>

## **Quality Assurance**

### **Staff Training**

- At hiring, staff shall receive orientation on agency and departmental policies and procedures, client rights, community characteristics and resources, and procedures for conducting the allowable activities under this service.
- Workers shall receive a minimum of 10 hours of in-service or other training per year based on the need for professional growth and upgrading of knowledge, skills, and abilities.

### **Supervision**

Consultation and supervision shall be available to all staff providing the service.

### **Program Evaluation**

The AAA shall conduct regular and systematic analysis of the persons served and the impact of the service, with findings used as a basis for planning and implementing changes in program goals, procedures and resources. There shall be a written plan and a written report of findings. Evaluation may include client satisfaction surveys.

The AAA shall, at least annually, monitor all subcontractors providing service.

### **Client Records**

The AAA or service provider must maintain specific client records in the approved VDA electronic database that include:

- Consent to Exchange Information, if information is shared with other agencies.
- Virginia Service - Quick Form (if Part "A" Uniform Assessment Instrument is not completed). At a minimum, this form must be updated annually.
- The answer to the question "Is Client in Federal Poverty?" (answer Yes or No) must be asked and recorded in the VDA-approved electronic client database.

The AAA or service provider must maintain the following additional records:

- Service documentation, such as activity calendars.
- Cost Sharing (Fee for Service) calculations, if applicable. The Federal Poverty/VDA Sliding Fee Scale form may be used.

---

<sup>11</sup> Older Americans Act of 1965, as amended, Section 315 (b)

**ATTACHMENT**  
**DISEASE PREVENTION & HEALTH PROMOTION SERVICES**

**Units of Service for Specified Service Activities**

| Service Activity  | Indiv.<br>Hours | Group<br>Hours* |
|---|-----------------|-----------------|
| <b>Health Risk Assessments</b>  |                 |                 |
| • Time to evaluate individual - specific array of factors   | X               |                 |
| <b>Routine Health Screening</b>   |                 |                 |
| • Time to conduct screenings in group settings, such as nutrition sites, health fairs, senior centers & other community locations |                 | X               |
| <b>Nutrition Counseling &amp; Education</b>   |                 |                 |
| • Time to counsel/educate individual <u>or</u> primary caregiver on nutritional content of foods, meal planning, etc.             | X               |                 |
| • Time to counsel/educate individual <u>and</u> primary caregiver   |                 | X               |
| <b>Health Promotion</b>   |                 |                 |
| • Time to provide programs in group settings  |                 | X               |
| <b>Physical Fitness, Group Exercise</b>   |                 |                 |
| • Time to provide programs in group settings  |                 | X               |
| <b>Music, Art, &amp; Dance Movement Therapy</b>   |                 |                 |
| • Time to provide individual therapy  | X               |                 |
| • Time to provide group therapy   |                 | X               |
| <b>Home Injury Control</b>  |                 |                 |
| • Time to screen a home or educate an individual  | X               |                 |
| • Time to provide educational programs to groups  |                 | X               |
| <b>Depression Screening &amp; Mental Health Coordination, Education &amp; Referral</b>  |                 |                 |
| • Time to provide screening, coordination, education, referral to an individual   | X               |                 |
| • Time to provide educational activities to groups  |                 | X               |
| <b>Medicare Education</b>   |                 |                 |
| • Time to provide programs to groups  |                 | X               |
| <b>Medication Management, Screening &amp; Education</b>   |                 |                 |
| • Time to screen an <u>individual's</u> medications & how they are managed & to provide related education to the individual       | X               |                 |
| • Time to educate <u>primary caregiver</u> (or family member) on managing the senior's medications & to provide related education | X               |                 |
| • Time to educate senior <u>and</u> primary caregiver (or family member) on managing the senior's medications                     |                 | X               |
| • Time to provide screening & educational programs in groups  |                 | X               |
| <b>Information on Diagnosis, Prevention, Treatment, &amp; Control of Disease</b>  |                 |                 |
| • Time to provide information to groups   |                 | X               |

| <b>Service Activity</b>  | <b>Indiv. Hours</b> | <b>Group Hours*</b> |
|--|---------------------|---------------------|
| <b>Gerontological Counseling</b> <ul style="list-style-type: none"> <li>• Time to provide individual counseling</li> <li>• Time to provide group counseling</li> </ul>   | X                   | X                   |
| <b>Social Services Counseling</b> <ul style="list-style-type: none"> <li>• Time to provide individual counseling</li> <li>• Time to provide group counseling</li> </ul>  | X                   | X                   |
| <b>Follow-up Health Services Counseling</b> <ul style="list-style-type: none"> <li>• Time to provide individual counseling</li> <li>• Time to provide group counseling</li> </ul>  | X                   | X                   |
| <b>Information &amp; Education about Adaptive Devices</b> <ul style="list-style-type: none"> <li>• Time to assess and/or educate an individual</li> <li>• Time to provide educational activities and information to groups</li> <li>• Time to educate primary <u>caregiver</u> (or family member)</li> <li>• Time to educate senior <u>and</u> primary caregiver (or family member)</li> </ul> | X<br><br>X          | X<br><br>X          |

\* Optional Group Units cannot be entered into the VDA-approved client database. They are reported on the Optional Units page of the AMR.