

Title III-D Quick Reference Guide

Title III-D dollars support health and wellness programs that can make a meaningful difference in people's lives. These funds are administered through the Administration for Community Living (ACL) and have a specific purpose: they must be used for proven, evidence-based programs and delivered with fidelity. This tip sheet brings together practical do's and don'ts to help your area agency on aging (AAA) or provider network use these funds with confidence.

Start With the Eligibility Question

Does the program qualify as evidence-based for Title III-D funding?

A program may qualify in either of the following ways:

Option 1: Check ACL's pre-approved list.

Is the program included on the ACL [evidence-based program approved list](#)?

- **Yes:** The program meets the evidence-based requirement.
- **No:** Move to Option 2.

Option 2: Determine whether the program independently meets ACL's criteria.

A program may qualify if it is recognized as evidence-based by an HHS operating division and shown to be effective for older adults **or** if it meets ACL's definition of an evidence-based program.

To meet ACL's definition, the program must meet **all** the following criteria:

- Demonstrated through evaluation to improve health or reduce disease, disability, or injury among older adults.
- Evaluated using an experimental or quasi-experimental design with an older adult population.
- Evaluation results published in a peer-reviewed journal.
- Translated and delivered with fidelity in a community setting at least once — not only tested in a research setting.
- Ready-to-use dissemination and training materials are available so other organizations can replicate the program.

Important: State units on aging (SUAs) are not required to select programs only from ACL's pre-approved list. When selecting a program that is not on the list, the state must have a **documented, systematic process** for determining that the program meets ACL's criteria. States may also establish requirements beyond ACL's minimum criteria, so **check state-specific policies before implementing a program that is not pre-approved**.

The Golden Rule for Spending

The single most useful filter for any cost question is:

Is this required to deliver the program correctly, or is it just nice to have?

If it's the latter, it's probably not fundable under III-D, no matter how good the intentions.

Examples of Allowable Costs

- Licensing and developer fees
- Training and certifying program leaders
- Required participant manuals and materials
- Defined recruitment costs
- Staff time actually delivering (or being trained to deliver) the program
- Space rental (only for the time it's in use for the program)
- Program-required incentives (like Bingocize® prizes or small weights to help attendees participate in program exercises)
- Remote/virtual delivery tools (laptops, tablets, hotspots) only if the developer allows remote delivery and the remote format itself meets evidence-based criteria
- Mileage reimbursement and travel time pay for trips to deliver allowable programing

Examples of Unallowable Costs

- **Food and beverages (Full stop).** This holds true no matter how it's framed (educational, incentive, "just water and crackers"). If food is offered alongside a III-D program, it needs a separate, non-federal funding source with clear cost separation.
- Health fairs, general fitness classes, or screenings not tied to a certified program.
- Room upgrades or add-ons, (e.g., dividers, sound systems, new flooring, better lighting) even for accessibility or comfort reasons. Renting the space only for time the room is used is fine; upgrading it isn't.
- Vehicle purchase, rental, or maintenance costs.
- Salaries for administrative time, clerical work, or general agency overhead.
- Area plan administration costs.
- Modifying a certified curriculum's content, sequence, dosage, or delivery method. Always check with the developer before adapting anything. Some minor changes, like translation, may be fine.
- Counting a participant in both a discretionary grant and Title III-D for the same service.
- States holding funds instead of distributing to AAAs.

Protecting Program Fidelity

Evidence-based programs work because they're delivered as designed. A well-meaning tweak like adding a snack, extending a session, or swapping an exercise can unintentionally disqualify the program from III-D funding because it's no longer the model that was tested.

Best practice: Build a habit of checking with the program developer (or ACL if funded directly through competitive grants) before making any changes, even small ones. Some allow limited adaptations; most don't allow changes to core content or dosage.

Know the Money Flow

- States can factor Title III-D into overall state plan administration calculations, but **cannot** pull area plan administration costs from Part D specifically.
- Title III-D funding must be distributed to AAAs through the state's approved Intrastate Funding Formula. States are required to use the same approved interstate funding formula for Titles III-B, C-1, C-2, and E, though they may use a different formula for Title III-D if it is approved by ACL as part of the state plan. Funds must reach AAAs. States can't retain them and should prioritize medically underserved and high-need areas.
- As regional planning and coordination entities, AAAs should first seek local community organizations, including but not limited to aging services providers, to fulfill the functions necessary for the delivery of evidence-based health promotion programs in the planning and service area. If there is no available, interested, and viable local organization to fulfill one or more functions, the AAA can perform those functions directly. Participants can be counted for services in Title III-D regardless of what state they live in — what matters is where they participated.
- Any program income (such as voluntary contributions) needs to stay within the same service that generated it. Note that Title III-D does not allow charging participants a fee or cost-sharing payment for evidence-based programs; participants must instead be offered the option to make a voluntary contribution.

Stretch Your Dollars Strategically

Because III-D funding is tightly scoped, smart partnerships go a long way:

- **Braid or blend funding** with public health departments, hospitals, foundations, universities, cooperative extension offices, Medicare/Medicaid, federally qualified health centers, parks and recreation departments, or sliding-scale co-pays.
- **Pool resources regionally.** Some AAAs combine allocations to cover shared training or licensing costs across a wider area.
- **Look for local donated services** (nutritionists, gyms, EMTs) for the health fair-style activities that III-D itself can't fund.
- **Build strategic partnerships** intentionally rather than opportunistically. It will pay off over multiple grant cycles.

Title III-D Quick Checklist

5 questions before you spend

1. **Is the program eligible?** Is it on the pre-approved list or independently verified as evidence-based (with your own documented process)?
2. **Is this cost required to deliver the program?** Not just helpful, it must be required. If it's optional, treat it as unallowable.
3. **Would the program developer confirm this is part of the required model?** Changing content, sequence, dosage, or delivery method can disqualify the program entirely. Ask first.
4. **If it is one of these, assume it is NOT allowable:**
 - Food or beverages (any framing, any purpose)
 - Facility upgrades (dividers, sound systems, flooring, lighting)
 - Vehicle costs
 - Admin/clerical time or general overhead
5. **Did you check your state's specific rules?** Some states set a higher bar than the federal baseline.

When in doubt, treat it as unallowable until confirmed with your SUA. It's much easier to get a green light before spending than to unwind a disallowed cost after the fact.

Fast Reference: Usually OK

- Licensing and developer fees
- Training program leaders
- Required participant materials
- Defined recruitment costs
- Staff delivery time
- Space rental (while in use)
- Curriculum-required incentives
- Remote delivery tech (if developer-approved)
- Mileage and travel time

Fast Reference: Usually NOT OK

- Food and beverages
- Facility add-ons
- Health fairs and general screenings
- Admin costs
- Modified curricula
- Double-counted participants
- Vehicle costs

This document provides interpretive technical assistance to help the aging network understand and apply federal guidance, summarizing ACL guidance and technical assistance responses through mid-2026. It is not official federal policy, does not create new legal requirements, and does not replace SUA policies. When in doubt about a specific issue, confirm with the SUA or ACL.