

OLDER AMERICANS ACT COVID-19 GUIDANCE

Comprehensive Guidance Reference

Compiled as of 7/08/2020 (updates in red font)

The topical outline is featured on the “contents” pages and the hyperlinks are internal to this document only. The most effective way to use the document is to use the “find” feature (CTRL+F) and enter a keyword for the information that you are looking to find.

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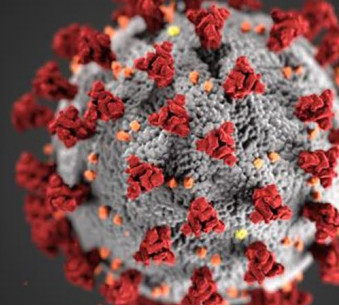
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Disaster Declarations

Older Americans Act Disaster Relief: On March 13, 2020, the President [declared](#) that the ongoing pandemic is of sufficient severity and magnitude to warrant an emergency determination under section 501(b) of the Stafford Act, and that the emergency exists nationwide.

The President also stated that requests for a declaration of a “major disaster” as set forth in section 401(a) of the Stafford Act may be appropriate and encouraged governors and tribal leaders to consider requesting such a declaration. Declaration of a major disaster would trigger [disaster relief authority in the Older Americans Act \(PDF\)](#). (Below)

March 16, 2020 – Website FAQ

OLDER AMERICANS ACT DISASTER RELIEF

UPDATE

March 16, 2020

On Friday, March 13, 2020, the President declared that the ongoing Coronavirus Disease 2019 (COVID-19) pandemic is of sufficient severity and magnitude to warrant an Emergency determination under section 501(b) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5121-5207 (the “Stafford Act”), and that the emergency exists nationwide (see declaration).

In addition, as the President stated in the Emergency Declaration, requests for a declaration of a “Major Disaster” as set forth in section 401(a) of the Stafford Act may be appropriate and encouraged Governors and Tribal Leaders to consider requesting such a declaration through their FEMA Regional Administrator.

To assist your Governors and Tribal Leaders, see information on the Stafford Act Declaration Process and templates, forms, and tools. Should a State or Tribe (Title VI grantee) receive a Major Disaster declaration by the President under the Stafford Act, this Major Disaster Declaration triggers disaster relief authority in the Older Americans Act (OAA).

For States

Once this Major Disaster declaration request by a State is approved, Section 310(c) permits states to use any portion of the funds made available under any and all sections of the Act for disaster relief for older individuals. In this regard, flexibility is provided for states – without the need for a separate application, transfer request, or request for a waiver -- to use existing allocations already made to them under Title III-B, C-1, C-2, D, and E for disaster relief.

This means that a state may use Title III-B, C-1, C-2, D, and/or E funds for any disaster relief activities for older individuals or family caregivers served under the OAA, which may include, but are not limited to:

- providing drive through, take out, or home-delivered meals,
- providing well-being checks via phone, in-person, or virtual means, and
- providing homemaker, chore, grocery/pharmacy/supply delivery, or other services.

For example, as part of their COVID-19 disaster relief activities, a state may use:

- funding originally allocated under Title III-C-1 to provide take-out meals and, and
- funding originally allocated under Title III-D to conduct daily phone well-being checks.

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In this COVID-19 Major Disaster-declared response for the examples above, the state does not need to submit a transfer or waiver request to ACL. However, the state should be prepared to track:

- COVID-19 related expenditures using Title III-C-1 funding and number of persons and meals served and
- COVID-19 related expenditures using Title III-D funding and number of persons and units served.

For Tribes

Once this Major Disaster declaration request by a Tribe is approved, Section 310(c) permits tribes to use any portion of the funds made available under any and all sections of the Act for disaster relief for older individuals. In this regard, flexibility is provided for tribes – without the need for a separate application or request for a waiver -- to use existing allocations already made to them under Title VI Part A/B and Part C for disaster relief.

This means that a tribe may use Title VI Part A/B and/or Part C for any disaster relief activities for older individuals or family caregivers served under the OAA, which may include, but are not limited to:

- providing drive through, take out, or home-delivered meals,
- providing well-being checks via phone, in-person, or virtual means, and
- providing homemaker, chore, grocery/pharmacy/supply delivery, or other services. Similarly, as part of their COVID-19 disaster relief activities, a tribe may use:
 - funding originally allocated under Title VI Part A/B to provide take out or home-delivered meals and other services to elders or family caregivers, and
 - funding originally allocated under Title VI Part C to provide take out or home-delivered meals and other services to elders or family caregivers.

In this COVID-19 Major Disaster-declared response for the examples above, the tribe does not need to submit a transfer or waiver request to ACL. However, the tribe should be prepared to track:

- COVID-19 related expenditures using Title VI Part A/B funding and number of persons and meals or other units served and
- COVID-19 related expenditures using Title VI Part C funding and number of persons and meals or other units served.

Fiscal & Program Reporting Requirements for States and Tribes

For your own records, we recommend that specific fiscal and program reporting of funds reallocated for disaster relief be identified as “COVID-19” with notes that describe what was provided and what services were initially planned, but not provided. We understand that each State and Tribe may need to implement new or updated practices regarding claiming and reimbursement of expenditures in order to help funds properly continue to flow to meet the needs of your communities. ACL encourages you to exercise maximum flexibility.

ACL will provide further details regarding both fiscal and program reporting as soon as practicable. Please note that you may wish to consider how you will record other program data as additional funds may become available via other sources.

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OAA Disaster Assistance Grant

Section 310 of the Act provides the ability of ACL to provide very limited amounts of disaster assistance to reimburse states and tribes for responding to presidentially declared Major Disasters. This disaster assistance is available to states and tribes who submit applications as described here. At this time, ACL isn't accepting applications for disaster assistance related to COVID-19 through this funding opportunity announcement. Additional information and guidance regarding this limited assistance available directly from ACL will be forthcoming.

As always, we encourage States and Tribes to work through their Regional Administrators to request any additional clarification or additional FAQ items. From an emergency perspective, we also encourage States and Tribes to share emergency information with their Regional Administrators on an ongoing basis so that ACL may be as responsive as possible.

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OAA – Title III B, Supportive Services

Legal Assistance

March 18, 2020 – Website Info Sheet – Legal Assistance for Older Americans (Provided by TA Center)

LEGAL ASSISTANCE FOR OLDER AMERICANS Information Provided by ACL’s National Center on Law & Elder Rights

March 18, 2020

Legal assistance providers play an important role in securing and protecting life essentials for older adults, such as access to appropriate housing, income, health care, and protection from abuse. Legal assistance is essential to empower older adults and promote their rights. In health emergency situations, such as the COVID-19 pandemic, legal assistance advocates value the rights and needs of older clients and those who need legal assistance, and at the same time need to attend to their clients’ health and safety, as well as their own health and safety. This means that careful thought must be given to the delivery of legal services, which may need to evolve to minimize risk to both legal assistance staff and their clients, while balancing the ongoing legal needs of the community. Older adults and people of all ages with compromised immune systems are particularly at-risk if exposed to COVID-19, and this resource will offer steps that can reduce health risks while continuing to provide essential legal help.

Personal and Community Safety

Personal and community safety is paramount for older adults and those who serve them. Legal assistance providers are encouraged to review fact sheets and follow directives related to continued operation of business from the Centers for Disease Control and Prevention (CDC) and federal, state, and local governments. As public health guidelines are changing quickly, responding to developing circumstances timely and diligently is important. The Administration for Community Living’s (ACL) webpage on Coronavirus disease 2019 (COVID-19) includes links to resources for older adults as well as information specific to the Aging and Disability Network.

Office Management

The American Bar Association’s publication, *Surviving a Disaster: A Lawyer’s Guide to Disaster Planning*, provides direction on developing office policies and procedures for emergency response, relocation, remote work, communications, and management structure in the event of a disaster. This information can also be applied to situations involving public health emergencies, including the COVID-19 pandemic.

Older Americans Act Title III-B-funded Legal Assistance programs are urged to communicate with their local Area Agencies on Aging and State Units on Aging to coordinate activities, understand state and local public health directives, and to convey any changes in availability and method of delivery of legal assistance for older adults.

Continuity of Operations

Programs can take steps to ensure that older adults are not unnecessarily subject to exposure to COVID-19, while still having their legal needs met.

Social distancing strategies, as described by the CDC, are necessary to mitigate infections, and these strategies may result in changes in how programs function, such as reduced staff presence at offices or staggering staff presence so fewer are present at any time, and arranging for remote work.

Legal assistance programs can support continued legal assistance work by ensuring that staff have the resources needed to conduct business remotely (see tips in *Leverage Technology & Existing Models of Remote Service Delivery*).

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Priority Setting

Legal assistance providers should consider setting legal case priorities for intake and ongoing representation based on urgency. Some suggested case types to prioritize include:

- Termination of benefits or essential services, particularly those related to health care services, nutrition, and utilities
- Eviction or ejection from home or nursing facilities, assisted living facilities, and similar residential settings
- Elder abuse or neglect issues with imminent danger and need for immediate intervention
- Cases with upcoming court appearances that cannot be continued without risk of jeopardy to your client (see more in Advocacy for Court Accommodations)

Legal assistance management may consider reallocating attorney and staff time to these urgent cases that require more hours to address remotely and/or to advocate for continuances and other accommodations.

Keep in mind that consent and disclosure obligations continue to apply. NCLER and ACL are available for consultations on these and other matters.

Reduce or Eliminate In-Person Service Delivery & Outreach

To ensure the health of your older clients and promote social distancing, you should take steps to reduce or eliminate in-person service delivery, such as:

- Temporarily suspending home visits with clients
- Arranging for phone communications rather than in-person office meetings, or use Skype, Zoom, or other similar tools if available
- Utilizing mail, fax, and email communication to exchange documents with clients
- Cancelling outreach and community education events (subject to local government directives on public gatherings)
- Conducting help desk and help center activities remotely
- Working with local long-term care Ombudsman programs to facilitate communication with clients in nursing facilities, assisted living, and similar residential settings
- Working with Adult Protective Services to enable your civil representation of elders in immediate jeopardy from abuse, neglect, or financial exploitation

Leverage Technology & Existing Models of Remote Service Delivery

Technology will serve an important role in continuing to serve older adult clients in a health crisis or disaster situation. Pro Bono Net's guide, *Remote Legal Support: A Guide for Nonprofit and Pro Bono Innovation* offers suggestions for utilizing tech tools to provide remote service delivery. Some options to consider include:

- Video-based conferencing (for intake, client communication, and pro bono work)
- Walking clients through

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- Law Help Interactive self-help forms and pages by phone
- Utilizing online intake

Leverage senior legal helplines and general legal helplines to provide legal advice and information, as well as to help with intake and referrals of cases in need of full or extended legal representational services. Telephone service delivery may be the best form of remote service to provide to older adults who may not have internet access in their home.

For staff who will be working from home, legal assistance providers should consider the tools they may need:

- Appropriate technology, including laptops or tablets, printers, internet access, phones, etc.
- Access to case management systems to see case notes, calendars, and run conflict checks
- Access to services needed to assist clients with disabilities or with limited English proficiency (i.e.: interpreter services)
- Hard copies of contact information for colleagues, program leadership, key partners, and referral sources, including the Ombudsman program, Area Agency on Aging contacts, State Unit on Aging, Adult Protective Services, and others
- Legal research tools and electronic access to laws, regulations, program policies and procedures, including office emergency preparation and response policies and procedures
- Access to print and online outreach materials such as business cards, program brochures, and educational materials
- Program forms, such as retainer agreements, consent forms, and disclosure forms

Communications

Legal assistance providers may also take steps to communicate their changes to service delivery and availability to the community and their partners. It is important that older adults and people with compromised immune systems are aware that they can access legal assistance without going to an office or help desk. Consider using the following communications channels:

- Using your social media accounts
- Communicating through local media announcements and articles
- Placing a message prominently on your website homepage
- Sending e-mail to community partners

All of these strategies can help older adults seeking your services to know how to contact you without risk to their health and safety.

Advocacy for Court Accommodations

Many courts are limiting cases and appearances in some manner and some have temporarily closed. It is essential that legal assistance providers advocate for their older adult clients to have limited exposure to these public spaces. Methods can include:

- Requesting accommodations for video or phone appearances in cases where personal appearance is required

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- Utilizing affidavits or documentary evidence to enable the court to rule without personal appearance
- Requesting continuances

Legal assistance providers should remain updated on court procedures and policies, as they are changing frequently. Additionally, communication with court administration officials may be necessary to ensure that courts are considering the needs of older adults in their development of new policies.

Continued Support & Technical Assistance

The National Center on Law & Elder Rights is available to provide technical assistance and consultations on issues involving COVID-19 and service delivery to older adults.

Contact them at ConsultNCLER@acl.hhs.gov to request assistance. NCLER can also connect you to ACL's elder rights team or contact them directly.

Resources

- Administration for Community Living: COVID-19 Resources
- Centers for Disease Control & Prevention COVID-19 Resources

Case consultation assistance is available for attorneys and professionals seeking more information to help older adults. Contact NCLER at ConsultNCLER@acl.hhs.gov.

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OAA – Title III B, Supportive Services

HCBS and Elder Rights

March 12, 2020 – Website FAQ – Home and Community Based Supportive Services and Elder Rights

FREQUENTLY ASKED QUESTIONS Home and Community-Based Supportive Services & Elder Rights

March 12, 2020

How will COVID-19 impact the ability of providers to maintain in-home services and transportation?

ACL recommends the local network follow state and local health department/local emergency management communications for the best information and accurate instructions for your community. The network should already have emergency protocol and Continuity of Operations Plans (COOP) established. Many policies should address situations such as suspension of services (due to inclement weather, for example) that can be adapted in the event your community requires a quarantine.

There may be a shortage of in-home workers due to their own illness, childcare issues, or a concern about serving multiple clients in one day. You may wish to think about triaging your in-home clients and focusing on those activities, which are essential to completing activities of daily living and focus on those clients without informal support. Similarly, transportation to essential activities (dialysis, medical treatments) should be prioritized and “group trips” minimized whenever possible.

Does ACL have protocols or procedures for maintaining Privacy and Confidentiality (collecting and storing or processing private information from home computers on unsecured networks); Data Collection; and Assessments?

No, ACL does not prescribe protocols for these areas. Please check with your Chief Information Officer for guidance.

Will ACL be issuing waivers to allow business functions to continue?

ACL will review submission deadlines and will provide flexibility as States indicate the need for additional time for required activities due to their inability to comply because of the impact of COVID-19.

Are APS workers going to be considered law enforcement so that they get masks?

No, APS workers will not be considered law enforcement. However, we are advocating that direct care workers and providers, APS workers and caregivers of the aging and disability networks are considered part of the overall healthcare workforce. This is important for purposes of planning for federal support to states needing personal protective equipment (PPE), such as facemasks, gloves, and gowns. State and local officials will make final decisions regarding distribution of PPE.

Has ACL ever used its waiver authority for an emergency?

The OAA waiver authority in Section 316 provides broad authority to waive (upon receiving an application from the state agency with sufficient documentation) state and area plan requirements requiring statewide uniformity or to promote innovations or improve service delivery. In addition, Section 316(b)(4) permits the waiver of any restriction of amounts related to transfers between Parts B & C. In this regard, states have great flexibility to transfer funding to address needs beyond the 30% limit on transfers for these parts found in Section 308(b)(5)(A).

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OAA – Title III B, Supportive Services

Supportive Services – Title IIIB and IIIE

April 23, 2020 – Website FAQ – Title IIIB and Title IIIE FAQs

TITLE III-B AND TITLE III-E FAQs

(Issued 4/23/2020)

April 23, 2020

Question:

Could CARES COVID-19 funding, normal Title III-E funds, or III-B be used to pay primary caregivers for time spent providing care?

Answer:

A State may provide for a program that allows for payment to family members, including a primary caregiver, for providing personal care, homemaker, and other services to eligible older adults with Title III-B funding. A State may provide for a program that allows for payment to family members, including a primary caregiver, for providing respite or supplemental services to eligible family caregivers with Title III-E funding. ACL recognizes that there may be multiple caregivers supporting older adults or adults of any age with early-onset dementia, as well as grandparents and other older relatives caring for children or caring for adults ages 18-59 with disabilities. Therefore, when using Title III-E funding to provide payment to a primary caregiver, one or more of these other caregivers may be served as the client.

Additionally, should a State or Tribe (Title VI grantee) request and receive a Major Disaster Declaration (MDD) by the President under the Stafford Act, it triggers disaster relief authority in the Older Americans Act (OAA). Once a MDD request by a State is approved, Section 310(c) permits states to use any portion of the funds made available under sections of the Act for disaster relief for older individuals. In this regard, flexibility is provided for States – without the need for a separate application, transfer request, or request for a waiver -- to use existing allocations already made to them under the Act for disaster relief.

This MDD flexibility applies to OAA, FFCRA, and CARES Act funding during the period the MDD is in effect.

Question:

Can CARES funding be used to hire additional staff specifically to provide transportation to doctor appointments or for pharmacy and grocery delivery?

Answer:

Such services are allowable under Title III-B and Title III-E funding. The CARES Act includes funding under Title III-B and Title III-E.

Question:

Can CARES funds be used to develop statewide, regional or local media campaigns aimed at caregivers and promoting services available through ADRCs?

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Answer:

Media campaigns are allowable under OAA Title III-B and Title III-E funding. The CARES Act includes funding under OAA Title III-B and Title III-E. Additionally, the CARES Act includes ADRC funding, which can be used to promote services available through ADRCs.

Question:

Does the 3% requirement for spending on legal and ombudsman services apply to the B money we will be receiving from the CARES Act?

Answer:

There is no specific 3% requirement for spending on legal and ombudsman services outlined in the OAA. Section 304(d)(1)(B) refers to “such amount as the State agency determines to be adequate for conducting an effective ombudsman program” and section 307(a)(2)(C) requires States to specify a minimum proportion of funds to be spent by each area agency and that each area agency has provided assurances, according to section 306(a)(2), that an adequate proportion will be expended on access, in-home, and legal services.

The CARES Act provides supplemental funding for Title III-B. As such, the provisions outlined above for Title III-B would apply. However, under the flexibilities provided following approval of a major disaster declaration (MDD) application, States can expend funding for whatever services are necessary for disaster relief. There would remain an issue with meeting the minimum proportion requirement once the period of the MDD ends. If a State uses the MDD flexibilities and then has an end date with remaining III-B funds, they would be subject to meeting the minimum proportion requirements. To avoid this scenario, they should consider requesting a waiver to the minimum proportion requirements identified in Sec 306(a)(2) and Sec 307(a)(2), under the provisions of Section 316.

Question:

Can States purchase tablets, iPads and or other “devices” etc. for use by older adults/family caregivers with the supplemental funding?

Answer:

The supplemental funding was provided for use under various authorities of the Older Americans Act for responding to the impact and consequences of COVID-19. For example, purchasing such devices would be permissible under III-B to assist in addressing social isolation; under III-C to assist in ordering food and meals; under III-E to assist in the provision of virtual caregiver support; and under the LTC Ombudsman program to facilitate virtual visitation of facilities.

We urge States to develop policies and procedures governing the provision and usage of such devices and to consider issues such as whether they will be provided on loan, or permanently; what are the criteria for provision; what type of assessment will be made to determine the conditions for provision and the frequency for reassessment; whether or not usage by individuals in the home who are younger than age 60 is a permissible use; how will IT support be provided; how will upgrades to software be provided; who is responsible if the device is broken, lost or stolen; will it be used only for the duration of the public health emergency and then retrieved; etc.

We encourage OAA programs to coordinate with existing programs such as ACL’s Assistive Technology programs: <https://acl.gov/programs/assistive-technology/assistive-technology> prior to use of OAA funds for purchase of devices.

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Question:

Can states purchase cell phone, internet/wifi, or broadband access if such services are not otherwise available in the homes of older adults/family caregivers with the supplemental funding?

Answer:

The supplemental funding was provided for use under various authorities of the Older Americans Act for responding to the impact and consequences of COVID-19. For example, purchasing cell phone or internet access would be permissible under III-B to assist in addressing social isolation; under III-C to assist in ordering food and meals; under III-E to assist in the provision of virtual caregiver support; and under the LTC Ombudsman program to facilitate virtual visitation of facilities.

We urge States to develop policies and procedures governing the provision and usage of cellular or internet access and to consider issues such as whether they will be provided on a fixed short term or longer basis; what are the criteria for provision; what type of assessment will be made to determine the conditions for provision and the frequency for reassessment; whether or not usage by individuals in the home who are younger than age 60 is a permissible use; how will IT support be provided; who is responsible if any limits on usage are exceeded; will it be provided only for the duration of the public health emergency; etc.

We encourage OAA programs to coordinate with existing programs such as FCC's Lifeline programs:

<https://www.fcc.gov/consumers/guides/lifeline-support-affordable-communications> prior to use of OAA funds for the purchase of cellular or internet access.

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OAA – Title III C, Nutrition Services

NRCNA Frequently Asked Emergency Management Questions: <https://nutritionandaging.org/wp-content/uploads/2020/03/Emergency-Preparedness-FAQs-for-Aging-Services-Professionals-Updated-3.4.20.pdf>

1. Can a meal site move to a temporary food facility such as a firehouse, church, parks and recreation, etc. in case of emergency?

Yes. The State Unit on Aging (SUA) and Area Agency on Aging (AAA) should ensure current policy and procedures address procedures for moving a nutrition site in case of emergencies. Older Americans Act (OAA) provides guidance on the types of structures permitted as a meal site. Program providers should work with local health authorities to assure that their requirements (for example, an application and inspection) for temporary food facilities are met. If the meals meet the requirements for meals served through the OAA, they can be counted for Nutrition Services Incentive Program (NSIP) and Title 3 funding.

For reference: OAA SEC. 339. NUTRITION A State that establishes and operates a nutrition project under this chapter shall—(2) ensure that the project—(A) provides meals that—(F) comply with applicable provisions of State or local laws regarding the safe and sanitary handling of food, equipment, and supplies used in the storage, preparation, service, and delivery of meals to an older individual.

2. Could a meal site shut down and offer meals at another meal site location?

Yes, if a nutrition program (i.e. a provider that serves numerous meal sites within a geographic area) has to close down a site on a particular day for an emergency, they may move the meal site to another location within their jurisdiction. They may do so provided there is an open meal site that day within their catchment area that can accommodate the additional participants. If the meal site is a distance from the original location, transportation should be provided to ensure seniors can attend the alternative meal site location. If transportation is not an option due to the magnitude of the emergency, then other options should be explored such as setting up a temporary food facility or encouraging program participants to consume available shelf stable/ emergency meals.

3. When are providers allowed to distribute emergency meals to program participants for planned weather related emergencies?

The OAA does not address this issue. States and programs can determine for themselves the best time to distribute emergency meals. It is generally good practice to have them in the participant's home prior to when service interruptions are anticipated to occur. Program participants should be informed about the use of these meals, and these meals should be consumed within one year or according to expiration dates. All meals should be date labeled.

4. When do providers count the emergency meals delivered to program participants?

The OAA does not address this issue, however it is recommended that the meal would be counted when it is delivered.

5. A nutrition provider has a fire at their facility and they lost some food inventory. In this example scenario, would the US Department of Agriculture (USDA) assist in providing reimbursement for NSIP commodities that are lost?

No. However, USDA does provide supplemental nutrition assistance in response to numerous types of emergencies and disasters including, but not limited to hurricanes, tornadoes, severe storms, and flooding. To qualify, these emergencies must be Presidential declared emergencies. Money to buy and replenish food stocks used in emergencies comes from special funds that are available to the Secretary of Agriculture for food purchases. For more information, contact the

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USDA Food and Nutrition Service Public Information Staff at 703-305-2281, or by mail at 3101 Park Center Drive, Room 819, Alexandria, Virginia 22302. Information on Disaster Response programs is also available on the USDA website at USDA Natural Disaster Assistance.

If the SUA has additional nutrition funds, they may use their funds to replace food that meets NSIP criteria. Facilities where foods are stored will carry insurance for fires, flooding, etc. so the nutrition provider should refer to its insurance policy to determine if the value of the donated foods would be covered in this instance.

6. If a congregate nutrition provider has an emergency and they use shelf-stable meals, can those meals be counted as NSIP meals?

Yes, in emergency situations only (remember: the purpose of congregate nutrition program includes socialization), these meals can be counted as NSIP (assuming, of course, that the shelf-stable meals are domestically produced and program participants meet NSIP requirements). A provider cannot, on a routine basis, count shelf-stable meals as NSIP meals. A prudent program administrator would count the meal when it is served.

7. If a nutrition provider wants to send a congregate meal home with a senior, can it be counted as an OAA Title III C-1 (congregate meal money) meal?

No, you can't count it as an OAA Title III C-1 meal if you are sending a meal home. Meals consumed at home cannot be part of a C-1 site program. If the emergency has limited the participants' ability to attend a meal site, shelf-stable may be your best option. The provider may count shelf-stable meals as NSIP meals (assuming, of course, that both the shelf-stable meals and the program participants meet NSIP requirements). The shelf-stable meals can be counted when they are delivered.

8. Are any accommodations ever made by the Administration for Community Living (ACL) for a state regarding NSIP funding for disasters (i.e. NSIP funding for next year will likely decrease as a result of emergencies)?

NSIP reimbursement is based on the previous year's meals served, so it is possible that you may see a funding decrease as a result of your emergency. If a state reports a decrease greater than 10%, they are required to submit a variance explanation. The variance explanation briefly describes the cause for the decrease.

To limit the impact of serving fewer meals, a nutrition provider may deliver shelf-stable meals to Title III C program clients to be consumed on those days when service may be disrupted. In the event of an emergency where Title III C program participants consume their shelf-stable meals, the nutrition provider may deliver shelf-stable meals to replenish those consumed during the emergency event. Then the provider may count those replenishment shelf-stable meals as NSIP meals (assuming, of course, that both the shelf-stable meals and the program participants meet NSIP requirements). The shelf-stable meals can be counted when they are delivered, as it would not be possible to know when the meals actually are consumed.

9. Can the Title III C meal be served outside of the lunch hour to accommodate the additional logistics that may arise as a result of the emergency?

Yes. The OAA does not address specific implementation issues. It is the responsibility of the SUA to develop regulations, policies, procedures, guidance and technical assistance to address program administration. The OAA requires that AAA consult with local service providers to decide the best time of service considering the local need for lunch, dinner or even breakfast programming. This is the case even without an emergency.

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OAA – Title III C, Nutrition Services

Nutrition Services – Emergency Management

March 12, 2020 – Website FAQ – Nutrition Services – Emergency Management

When are providers allowed to distribute emergency meals to program participants for planned emergencies?

The OAA does not address this issue. States and Tribes can determine for themselves the best time to distribute emergency meals. It is generally good practice to have them in the participant's home prior to when service interruptions are anticipated to occur. Program participants should be informed about the use of these meals, and these meals should be consumed within one year or according to expiration dates. All meals should be date labeled.

When do providers count the emergency meals delivered to program participants?

The OAA does not address this issue; however, it is recommended that the meal would be counted when it is delivered.

If a congregate nutrition provider has an emergency and they use shelf-stable meals, can those meals be counted as NSIP meals?

Yes, in emergencies only (remember: the purpose of congregate nutrition program includes socialization), these meals can be counted as NSIP (assuming, of course, that the shelf-stable meals are domestically produced and program participants meet NSIP requirements). A provider cannot, on a regular basis count and serve shelf-stable meals as NSIP meals. A prudent program administrator would count the meal when it is served.

If a nutrition provider wants to send a congregate meal home with a senior, can it be counted as an OAA Title III C-1 (congregate meal money) meal?

No, you cannot count it as an OAA Title III C-1 meal if you are sending a meal home. Meals consumed at home cannot be part of a C-1 site program. If the emergency has limited the participants' ability to attend a meal site, shelf-stable meals are one option. The provider may use NSIP funds to pay for and count shelf-stable meals as NSIP meals (assuming, of course, that both the shelf-stable meals and the program participants meet NSIP requirements). The shelf-stable meals can be counted when they are delivered.

Can shelf-stable or frozen meals that will be delivered to the home or "drive-thru" meals that are to be consumed in the home be paid for with C-1 funding? What flexibility is there to address the increased need for these meals?

No, meals that are delivered or consumed in the home cannot be paid for by C-1, which is designed to be provided or consumed in congregate settings. Shelf-stable, frozen, grab and go, drive-up, and drive-through meals may be paid for from Title III C-2 funds as long as program requirements are met. Additionally, NSIP funds may be used to pay for these meals as long as the meals and the program participants meet NSIP requirements, i.e. domestically produced. Flexibility exists in the OAA for States to transfer funding between Title III-B and C-2 (up to 30%, plus an additional amount upon request for a waiver) or between C-1 and C-2 (up to 40%, plus an additional 10% upon request for a waiver) to cover increased demand for home-delivered or any meal that is to be consumed in the home.

Are any accommodations ever made by the Administration for Community Living (ACL) for a State/Tribe regarding NSIP funding for disasters (i.e. NSIP funding for next year will likely decrease because of emergencies)?

NSIP is distributed to SUAs and Title VI grantees based on the number of eligible meals served in the prior year as a proportion to the number of meals served by all States, Territories and Tribes. Therefore, it is possible that a funding decrease could occur because of decreased meals served.

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To limit the impact of serving fewer meals, a nutrition provider may deliver shelf-stable, grab and go, frozen, drive through, etc. meals to home-delivered meal program clients to be consumed on those days when service may be disrupted. In the event of an emergency where Title IIIC program participants consume their shelf-stable meals, the nutrition provider may deliver additional meals to replenish those consumed during the emergency event. Then the provider may count those replenished meals as NSIP meals (if the meals and the program participants meet NSIP requirements). The shelf-stable, grab and go, frozen, drive through, etc. meals can be counted when they are delivered, as it would not be possible to know when the meals actually are consumed.

Can the Title III/VI meal be served outside of the lunch hour to accommodate the additional logistics that may arise because of the emergency?

Yes. The OAA does not address specific implementation issues. It is the responsibility of the States and Tribes to develop regulations, policies, procedures, guidance and technical assistance to address program administration. The OAA requires that the program consult with local service participants to decide the best time of service considering the local need for lunch, dinner or even breakfast programming. This is the case even without an emergency.

The following questions were received recently and relate to COVID-19.

Will ACL waive DRI nutrition requirements should AAAs use current supplies of emergency meals?

The statute does not give ACL the authority to waive the Dietary Reference Intakes (DRI) applicable to meals under Parts C-1 or C-2 or under the Nutrition Services Incentive Program (NSIP).

However, due to the declaration of a Public Health Emergency by the Secretary of HHS, ACL will consider the purchase of meals that may or may not meet the DRI requirements under the provision in Part B, Section 321(a)(25) “any other services necessary for the general welfare of older individuals”. Therefore, Part B may pay for meals that do or do not meet DRI requirements during this Public Health Emergency to ensure access to meals for seniors.

Will ACL waive the 5-days-a-week meal requirement?

During this emergency, a waiver from ACL is not required. The SUA has the ability to approve a lesser frequency.

What steps are you taking to avoid transmission of illness (MRSA, flu, colds, and others) between clients and volunteers or staff?

We recommend that you follow the CDC guidance, the ACL Toolkit, and any specific guidance from your state and local health department.

Any suggestions for the following would be helpful concerning the Coronavirus: Kitchen staff shortage, driver shortage, volunteer shortage, mandated quarantines, delivering to possible quarantined clients, and disruption to supply chains.

The network should already have emergency protocol and Continuity of Operations Plans (COOP) established. Many policies should address issues related to meal suspension (due to inclement weather, for example) that can be adapted in the event your community requires a quarantine (See ACL Nutrition FAQs for meal delivery and reimbursement questions). Shortages of staff may result in a local decision to offer other delivery options, i.e. pickup or drive through method, use of emergency staff for meal delivery, drop ship delivery method, stable meals at hospitals for pickup, etc. ACL recommends the local network follow state and local health department/local emergency management communications for the best information and accurate instructions for your community.

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What triggers protocols such as “deliverers hanging the food on doorknobs, knock, and then step back 6 feet and wait for the person to answer the door and remove the bag from the door handle”? Is there some kind of “now it’s at x level” announcement to indicate when we kick off strategies (and how to stop them), and what are those strategies?

ACL recommends the local network follow CDC guidance as well as state and local health department/local emergency management communications for the best information and accurate instructions for your community.

Is anyone thinking of how to provide food to home delivered and to congregate sites if the Coronavirus affects a program’s ability to serve?

If your state or local health department/emergency management guidance recommends closure of congregate sites and creates your inability to serve meals, ACL encourages the triaging of consumers and the development of a plan to distribute an array of emergency meals as well as regular home-delivered meals. In addition, program experiences and approaches from other states are shared, and can be viewed on the Nutrition Listserv which is available to SUA Nutrition Directors and professionals. Please contact the nutrition professional at your SUA for information.

What would congregate meals do if there was a pandemic?

Local providers should follow CDC guidance as well as their state and local health department/emergency management guidance at this time.

If we must shutdown senior centers, what alternative ways of providing meals would be allowed? Could we provide “grab and go” meals or “drive-up” meals for clients to take home?

We encourage you to work with your local health department and/or emergency management (COOP) to determine what is the best way to provide meals to seniors. See the Nutrition Services FAQs at <https://nutritionandaging.org/wp-content/uploads/2020/03/Emergency-Preparedness-FAQs-for-Aging-Services-Professionals-Updated-3.4.20.pdf> for some common questions around delivery methods and reimbursements.

Yes, “grab and go” and “drive-up” meals can be provided; however, meals that are delivered or consumed in the home cannot be paid for by C-1, which is designed to be provided or consumed in congregate settings. Shelf-stable, frozen, grab and go, drive-up, and drive-through meals may be paid for from Title III C-2 funds as long as program requirements are met. Additionally, NSIP funds may be used to pay for these meals as long as the meals and the program participants meet NSIP requirements, i.e. domestically produced. Flexibility exists in the OAA for States to transfer funding from Title III-B to C-2 (up to 30% of their total allotment, plus an additional amount based upon request for waiver) or between C-1 and C-2 (up to 40%, plus an additional 10% upon request for a waiver) to cover increased demand for home-delivered or any meal that is to be consumed in the home.

Travel-size hand sanitizer has become difficult to purchase in bulk. Does anyone have suggested vendors?

ACL does not have information on the availability of supplies or vendors. Please note that program experiences and approaches from other states are shared and can be viewed on the Nutrition Listserv which is available to SUA Nutrition Directors and professionals. Please contact the nutrition professional at your SUA for information.

Would some of you be willing to share your emergency preparedness plans? My organization merged with another MOW agency just over a year ago and I need to update our response plan.

We recommend that you work with your state and local health department and/or emergency management to develop an emergency plan, which may include prioritization of services for seniors most in need of services, shelf-stable meals, frozen meals, and drop ship meals. Please note that program experiences and approaches from other states are shared

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and can be viewed on the Nutrition Listserv which is available to SUA Nutrition Directors and professionals. Please contact the nutrition professional at your SUA for information.

Do any of you have emergency plans in place that could address any type of pandemic?

The network should already have emergency protocol and Continuity of Operations Plans (COOP) established. Many policies should address for meal suspension (due to inclement weather, for example) that can be adapt in the event your community requires a quarantine (See ACL Nutrition FAQs for more info on meal services and reimbursements). ACL recommends the local network follow state and local health department/local emergency management communications for the best information and accurate instructions for your community.

Should we be purchasing large quantities of shelf-stable food for all our clients? We have an emergency plan, but not a pandemic plan.

ACL recommends the local network follow state and local health department/local emergency management communications for the best information and accurate instructions for your community. The network should already have emergency protocol and Continuity of Operations Plans (COOP) established. Many policies should address situations such as meal suspension (due to inclement weather, for example) that can be adapted in the event your community requires a quarantine (See ACL Nutrition FAQs for more information on meal services and reimbursements). The decision to order more or larger quantities of shelf-stable meals is a local decision based on local guidance for your area of the country.

What do we do if our volunteer drivers are sick and unable to deliver? We have clients who cannot come to the door, so our drivers enter the home and hand the meal to a chair-bound or bed-bound senior.

It is important to have partnerships in the community that can offer assistance in these situations. These partnerships may include police or fire departments and other entities with the capability of entering homes and delivering meals from our network. We encourage closely working with your state and local health department as well as your local emergency management agency to review how you will handle such situations.

What happens when I have kitchen staff as well as drivers decide that family is more important than work/volunteering and call off for a quarantine period? Not enough food production, not enough drivers, shelf stable meals will only last our average client two weeks (if they have not already opened or used them, as I know too many clients do!)

The network should already have emergency protocol and Continuity of Operations Plans (COOP) established. Many policies should address for meal suspension (due to inclement weather, for example) that can be adapted in the event your community requires a quarantine (See ACL Nutrition FAQs for more info on meal services and reimbursements). ACL recommends the local network follow state and local health department/local emergency management communications for the best information and accurate instructions for your community. In addition, partnerships throughout the community may be of assistance.

What do we do if every program nationwide is trying to ramp up similar ideas causing vendors and meal providers to have shortages? No different from what is beginning to happen at grocery stores in some areas of the country.

The network should already have emergency protocol and Continuity of Operations Plans (COOP) established. Many policies should address for meal suspension (due to inclement weather, for example) that can be adapted in the event your community requires a quarantine (See ACL Nutrition FAQs for more info on meal services and reimbursements). ACL recommends the local network follow state and local health department/local emergency management

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communications for the best information and accurate instructions for your community. In addition, partnerships throughout the community may be of assistance.

Our sites are getting questions from clients and family members; I would like to send a memo out to our participants. I want it to be brief, as to not overwhelm or panic them, and put their minds at ease that they will not go without food if there is a quarantine or shut down period. Any suggestions on wording this memo?

We encourage you to work with your state and local health department and suppliers to provide accurate information for your local community. Please note that program experiences and approaches from other states are shared and can be viewed on the Nutrition Listserv which is available to SUA Nutrition Directors and professionals. Please contact the nutrition professional at your SUA for information.

We are looking for contingency plans for serving our clients in case of health emergency such as the coronavirus

The network should already have emergency protocol and Continuity of Operations (COOP) established. Many policies should address for meal suspension (due to inclement weather, for example) that can be adapted in the event your community requires a quarantine (See ACL Nutrition FAQs for more info on meal services and reimbursements). ACL recommends the local network follow state and local health department/local emergency management communications for the best information and accurate instructions for your community. In addition, partnerships throughout the community may be of assistance.

We are interested in learning about preparations for potential service interruption due to COVID-19.

ACL recommends the local network follow CDC guidance as well as state and local health department/local emergency management communications for the best information and accurate instructions for your community.

We would like to know if you or anyone around the country has developed any sort of contingency plans should things go south and potentially or actually affect service.

Please note that program experiences and approaches from other states are shared and can be viewed on the Nutrition Listserv which is available to SUA Nutrition Directors and professionals. Please contact the nutrition professional at your SUA for information.

The network should already have emergency protocol and COOP plans established. Many policies should address for meal suspension (due to inclement weather, for example) that can be adapted in the event your community requires a quarantine (See ACL Nutrition FAQs for more info on meal services and reimbursements).

ACL recommends the local network follow state and local health department/local emergency management communications for the best information and accurate instructions for your community. In addition, partnerships throughout the community may be of assistance.

Does the new bill passed by Congress and passed by the President include funding avenues to help CBOs like Meals on Wheels purchase additional meals and provide other ancillary services?

The bill doesn't specifically authorize funding for ACL programs. We continue to advise leadership of the issues we continue to hear from the field. In addition, we are aware of advocacy to make the needs of seniors and our aging services network known, and we are hearing about the possibility of a second supplemental appropriations bill.

Do you have (or know where I can find) information on what might happen to the congregate meals programs should quarantines be implemented to protect from further spread of the coronavirus?

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The network should already have emergency protocol and COOP plans established. Many policies should address for meal suspension (due to inclement weather, for example) that can be adapted in the event your community requires a quarantine (See ACL Nutrition FAQs for more info on meal services and reimbursements). ACL recommends the local network follow state and local health department/local emergency management communications for the best information and accurate instructions for your community. In addition, partnerships throughout the community may be of assistance.

Can agencies temporarily do home-delivered meal assessments via phone or can a senior be placed on home delivered option if they are concerned about coming out of their home?

The OAA does not make provisions for when or how home-delivered meal determinations or assessments are conducted. The SUAs/ AAAs have the flexibility to make this program decision.

Website FAQ – Senior Nutrition Program – “will be added to next update”

Q. Many congregate meal sites are closed. Will ACL expand the definition of “homebound” to allow home-delivered meals to be provided to the people who usually participate in congregate programs?

A. This is already allowed. Neither federal law nor ACL regulations restrict home-delivered meals to homebound individuals. In fact, the only eligibility criteria for a home-delivered meal defined in the Older Americans Act is age – the recipient must be at least 60 years old. (ACL regulations do not further define eligibility.)

Eligibility is determined solely by the states and local entities, and states and local entities have the authority and power to waive any eligibility requirements they have established for home-delivered meals. *During this emergency, ACL strongly recommends that any state or local policy that limits eligibility for home-delivered meals should be waived.*

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OAA – Title III C, Nutrition Services

Nutrition Services Incentive Program (NSIP) of the Older Americans Act and States

March 30, 2020 – Website FAQ – Nutrition Services Incentive Program (NSIP)

1. What is the Nutrition Services Incentive Program (NSIP)?

The NSIP is authorized by Section 311 of the Older Americans Act (OAA) (<https://legcounsel.house.gov/Comps/Older%20Americans%20Act%20of%201965.pdf>). NSIP provides grants to states, territories, and eligible Tribal organizations to support the OAA Congregate and Home-Delivered Nutrition Programs by providing an incentive to serve more meals. Grantees can choose to receive their grant as cash, commodities (food) from the United States Department of Agriculture (USDA), or a combination of cash and commodities. If a program chooses to use commodities, USDA assesses an administrative fee that is taken from the grant.

USDA leads a process that allows States to choose cash or commodities prior to beginning of the next fiscal year. This choice may not be changed during the year.

About 15 years ago, the USDA administered this program and it was commonly known as cash-in-lieu of commodities or the Nutrition Program for the Elderly. The name was changed in the 2006 amendments to the OAA when the authorization and funding was transferred from USDA to the Administration for Community Living (ACL).

2. How is NSIP funded?

NSIP is funded by a Congressional appropriation to the ACL. State Units on Aging (SUAs) receive OAA allocations for nutrition services for Title III C1 (congregate), Title III C2 (home-delivered), and NSIP. Of these allocations, NSIP is about 16 percent of total OAA nutrition services funding before transfers among Titles III B and C occur.

3. What are the requirements of NSIP?

The requirements for NSIP are stated in Section 311 of the OAA. There are no other requirements by any other federal agency.

NSIP allocations are available to states that provide nutrition services in adherence to the requirements of the OAA which include:

- Serving meals to an individual who is eligible to receive services under the OAA;
- Serving meals to an individual who has not been means-tested to receive services;
- Serving meals that meet the requirements of the OAA including meals that meet the Dietary Guidelines for Americans and Dietary Reference Intakes as indicated in OAA Section 339;
- Serving meals to individuals who have been provided the opportunity to contribute to the cost of service; and
- Are served by an eligible agency, i.e. an agency that has a grant or contract with a SUA or Area Agency on Aging.

These criteria are concisely listed in the State Performance Report (SPR) Appendix A: Data Element Definitions: version 1.1 under NSIP qualified meal-Congregate and NSIP qualified meal-Home-Delivered found at

https://agid.acl.gov/Resources/OAA_SPR.aspx.

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4. Does the ACL have the authority to waive these requirements?

The ACL does not have the legal authority to waive these requirements. The OAA requirements that may be waived are listed in OAA Section 316. Section 316 does not list the NSIP requirements in Section 311 or the nutrition requirements in Section 339.

5. Can emergency meals such as shelf stable meals meet the nutrition requirements for NSIP?

Maybe. If the shelf stable meals meet the nutrition requirements of the OAA, the meals meet the requirements of NSIP. If the SUA uses an eating pattern similar to the pattern found in Appendix 3 of the Dietary Guidelines for Americans (<https://health.gov/our-work/food-nutrition/2015-2020-dietary-guidelines/guidelines/>) as its method for determining adherence to the requirements and the shelf-stable meal or other emergency meal meet this menu pattern, the meal probably meets the nutrition requirements. Shelf stable meals vary in nutrient content such as calories, fat, protein, fiber and vitamins and minerals. Many shelf stable meals are higher in sodium than recommended in the Dietary Guidelines for Americans or Dietary Reference Intakes.

6. How may NSIP allocations be used?

NSIP allocations may only be used to purchase domestically produced food such as milk, fruit, vegetables, protein products, etc. that are used in a meal. NSIP allocations may not be used to pay for administration or other nutrition services such as education or counseling. NSIP allocation may not be used to buy bags of groceries for program participants. Bags of groceries do not constitute a meal.

NSIP allocations may be used to pay for a portion of each meal such as specific food items like milk or a protein product. Prior to the COVID-19 emergency, many programs allocated a percentage of funds from NSIP to pay for a portion of the cost of a meal. However, if there is a concern that during the COVID-19 emergency not all of the NSIP allocation will be spent, the financial office may use the NSIP funds to pay for a larger portion of previously served meals so that all the allocation is spent.

Another way to spend NSIP funds would be to supplement a shelf-stable meal to ensure that it meets OAA nutrition requirements. For example, if a shelf-stable meal does not meet the nutrition requirements of the OAA because it lacks a dairy component or insufficient vegetables or fruit, the NSIP funding might be used to supplement the shelf-stable meal with a carton of milk, a packet of non-fat dry milk or a piece of fresh fruit. Then the meal might meet the OAA requirements and be reported as an NSIP meal.

7. Can NSIP allocations be transferred?

No, NSIP allocations may not be transferred because they are not a part of Title III B, III C, III D, or III E.

8. How are NSIP meals reported?

NSIP meals are reported on the regular State Program Report (SPR) for the states. The details on how to report are provided at https://agid.acl.gov/Resources/OAA_SPR.aspx. SUAs determine how the number of meals are reported at the sub-state level.

The funding formula for NSIP is based on the total number of eligible meals served by a state or territory in proportion to the total number of eligible meals served by all states and territories in the prior federal fiscal year. If a state or territory serves proportionally more meals than other states or territories, that state or territory receives a higher allocation which is in keeping with the incentive purpose of NSIP.

9. How does a state receive its allocation?

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The SUA receives a notice of grant award after the number of meals is reported through the SPR. The SUA determines how to distribute the funding at a substate level.

10. Will NSIP be calculated based on COVID-19 meals served?

No. The COVID-19 crisis is expected to completely skew traditional meal service and meal counts. As a result, ACL is holding harmless meal counts from 2019 and will apply them to 2020 and 2021 NSIP allocations. This will alleviate the need to count COVID-19 meals for purposes of NSIP. COVID-19 meals resulting from the supplemental appropriations (Families First and CARES Act) must be reported and accounted for separately. The determination of the exact manner of those reports is underway and will be forthcoming.

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OAA – Title III C, Nutrition Services

Meals on Wheels America (MOWA) Town Hall – 3/17/20

March 31, 2020 – Website Q & A – Meals on Wheels Town Hall on March 17, 2020

Can temporary permission be given to allow congregate meals to be served in non-congregate settings in lieu of centers closing?

Yes, ACL has provided FAQs and Tip sheets to help in this area.

Are FedEx, UPS, ride-share, and other delivery methods options for delivery to supplement paid staff and/or volunteer drivers? If so, can we use emergency funds to cover them?

Yes, flexibility is encouraged, especially during these times.

Is ACL in contact with the leading nutrition companies to ascertain their current supply of shelf-stable or frozen meals and share this information with local nutrition programs?

ACL has reached out to a number of leading nutrition companies, as well as FEMA, for initial discussions.

Since it is a national emergency, will some nutrition requirements be waived? For instance, I am concerned about shelf-stable meals not being approved for C1 funding because of Nutrition standards.

Under current Older Americans Act legislation, ACL cannot waive C nutrition specific requirements. However, early guidance was provided by ACL on ways to accomplish serving seniors within regulations. Furthermore, more legislation and guidance will be given as the emergency continues. Also, significant amounts of funding and flexibility are being provided to permit the purchase of shelf-stable meals through the supplemental/emergency appropriations.

Are Meals on Wheels programs an essential service under the Presidential emergency declaration?

The determination of which programs are classified as “essential services” is a state and local decision made in consultation with the State Emergency Management Agency and the Governor’s office.

How can local programs access funds set aside for emergency food assistance to seniors and will these dollars be restricted?

Supplemental/emergency appropriations are being provided to each State Unit on Aging for allocation to local nutrition service providers. If this is referring to FEMA or USDA, this is a state or local determination.

Will the existing voluntary contribution policy remain in effect even if client is converted from congregate to home-delivered?

Under the Older Americans Act for both C1 and C2, voluntary contributions are encouraged, and the law indicates that it should be done in a non-coercive manner. It is state/local decision on how to implement this.

How will ACL monitor to avoid price gouging whether for shelf stable or frozen meals or for new home-delivered meal clients?

The Aging and Disability Networks, with whom ACL works closely, are in a good position to provide ACL with that type of information. We encourage reporting of such instances which can be passed on to the Attorney General.

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How do we ensure the Meal on Wheels Program continues through this period of increased health concern/social distancing?

Your plan may need to be altered and updated throughout this changing crisis. ACL has and will continue to work with the Nutrition Resource Center to provide FAQs and Tip Sheets to help you during this time. Also the practices and experiences from other states and communities can be listed on the Listserv from the Nutrition Resource Center to provide information and ideas for you to consider.

Some meal providers are hesitant to let individuals take the meal home. For those who do not want to go into the congregate site to eat, can they take the meal home whether hot, frozen, or shelf-stable without penalty (financial or otherwise) to the program?

At this point, most states have required social distancing. All meals served outside of a congregate site can be counted as home-delivered meals. In fact, we are seeing quite a few innovative approaches, including “grab and go” and “drive-through” meals being provided for consumption at home.

How will a congregate meal client be billed for home-delivered meals?

The program is not an entitlement, and it is also not a means-tested program. Participants are given the **opportunity to voluntarily contribute** toward the cost of the meals, but they cannot be denied service because they cannot or will not contribute. Local projects can encourage contributions as long as it is done in a non-coercive manner.

Does the Presidential emergency order allow the National Guard to assist in activities like meal delivery across the nation, as was done in New Rochelle, NY?

It is our understanding that state governors choose to activate the National Guard. You should work with your State Emergency Management Agency and your governor’s office to ensure they are aware of the needs for your local program.

Who are the largest suppliers of shelf stable meals that ACL has a relationship with—will ACL work with other government agencies and the military to ensure an adequate supply?

HHS is working in close coordination with FEMA to provide sufficient meal supplies across the Nation.

ACL is working with the national nutrition services organizations, n4a, and ADvancing States as well as with FEMA and USDA to explore the capacities of meals suppliers to assist the aging services network during this crisis. Senior nutrition programs will have increased costs around safety/prevention (buying supplies, protective materials, etc.)—how should this be billed for reimbursement?

If the supplies, protective materials, and equipment are purchased to provide direct service, these costs are allowable costs to the service for the federal grant.

However, contracts and grant agreements with different providers vary throughout the Nation, so providers should contact their AAA(s) or SUA to discuss options for reimbursement of these increased costs. During these engagements, nutrition program personnel could discuss a change in reimbursement rates, or change in expenses allowed to be reimbursed from the contract or grant, etc.

Is there going to be a mechanism to reimburse for waste due to unplanned closures and unpredictable serving levels?

ACL recommends rotating products to ensure the freshest will be available last. For example, shelf-stable meals have a long lifespan, so the first meals purchased should be the first ones provided to older adults in our communities. That

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also allows meal providers to maximize preparedness for the long-term. For information on the lifespan of frozen meals, please contact your State or local Health Department, or the USDA's website for further guidance.

Additionally, the FDA has a website that addresses food waste and how to maintain food safety. It is located at <https://www.fda.gov/food/consumers/how-cut-food-waste-and-maintain-food-safety>. Another federal resource is an application called the FoodKeeper, which helps people understand food and beverage storage. It will help people maximize the freshness and quality of their food items. This app can be accessed at <https://www.foodsafety.gov/keep-food-safe/foodkeeper-app>.

Does the federal government have a food-sourcing back-up plan if we have the funds but cannot source the food we need?

ACL is having conversations with other Federal agencies and others to advocate for senior meals. It is critical that state and locals also continue to address this as well.

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OAA – Title III C, Nutrition Services

FAQ – Nutrition Program Implementation during COVID Pandemic – 4/17/20

April 17, 2020 – FAQ – Additional FAQ about OAA Nutrition Program Implementation during the COVID Pandemic

Additional FAQ About OAA Nutrition Program Implementation During the COVID Pandemic

(Issued 4/17/2020)

April 17, 2020

Meeting the needs of older adults during the pandemic means that programs are continuing to change and continuing to ask questions about what flexibilities are available to implement these changes. Both the Administration for Community Living (ACL) and the National Resource Center on Nutrition and Aging (NRCNA) provide guidance, technical assistance, and implementation tips. We have been working closely and monitoring questions. Below are a few questions that we have received that have not been addressed in previous FAQ documents.

Question:

Do all participants have to receive the same number of meals?

Answer:

The Older Americans Act (OAA) does not address intensity of service; this is a State Unit on Aging (SUA), Area Agency on Aging (AAA) and local nutrition service provider decision. These entities may want to establish policies, procedures and guidance to prioritize service to those in greater need by serving some more intensely than others who may be able to access other sources of support in order to target services to those in greatest social and economic need.

Question:

What flexibility is available to SUAs in determining how many meals a program is allowed to serve a participant?

Answer:

The OAA does not limit the total meals that may be served to an eligible participant by a local nutrition service provider. A local nutrition service provider may serve more than one meal per day and more than five days per week dependent on resources and capacity. [The NRCNA](#) provides suggestions for offering home-delivered meals. The SUA, AAA and local nutrition service provider have the authority to determine the form of the meals and the methods of delivery to help ensure service provision in a variety of circumstance with a variety of delivery options. The SUA may want to encourage AAAs and nutrition service providers to deliver additional meals to seniors, access all possible financial and volunteer resources as well as public and private support.

Question:

What flexibility is available to SUAs regarding wellness checks, nutrition education, or other requirements?

Answer:

The OAA does not address specific implementation requirements. During the pandemic, ACL encourages SUAs, AAAs and local nutrition service providers to continue wellness checks. The SUA has the authority to establish the requirements

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for wellness checks, possible methods such as visual or audio checks when delivering a meal, telephone checks by volunteers, and other methods. The [NRCNA](#) offers suggestions for how to implement these services.

SUAs have routinely established their own requirements regarding the provision of nutrition education and other nutrition services. During the pandemic, SUAs, AAAs and local nutrition service providers have an opportunity to provide written materials as part of a nutrition education effort to help people continue to eat safely and nutritiously to maintain their immune systems and health as well as manage chronic conditions.

Question:

What flexibility is available to SUAs regarding setting unit rates for meal reimbursement?

Answer:

The OAA does not require SUAs to set unit rates for meals. As a management tool, some SUAs and AAAs have established unit rates in their contracts or grant agreements. During this pandemic, SUAs and AAAs may want to consider changing these unit rates due to increased meal costs such as food, supplies, personal protective equipment, fewer volunteers, different vendors such as restaurants, grocery stores, and shelf stable meal providers.

Question:

What flexibility is available to SUAs in determining how to select vendors for meals?

Answer:

The OAA does not address how SUAs, AAAs or local nutrition service providers are to select meal caterers, vendors or food suppliers. This is totally a SUA, AAA and local nutrition service provider decision. SUAs may want to revise their implementation strategies by helping AAAs and local nutrition service providers secure additional caterers and vendors locally in their communities.

At a time when many restaurants are closed or have limited operations, this is an opportunity to enter into an additional contract for meals with a local restaurant to help that restaurant survive and to take advantage of their food service expertise and food supply chain. The [NRCNA](#) has a Tip Sheet for these partnerships. For over 40 years, many states have used community restaurants or local grocery stores to produce meals, especially in rural areas or to produce meals for racial/ethnic minorities.

SUAs may want to establish policies, procedures and guidance regarding contracts with these alternative vendors. At a minimum, AAAs or local nutrition service providers need to involve their registered dietitian nutritionist/individual of comparable expertise and the financial or contracts manager in negotiations.

Question:

Are SUAs allowed to retain nutrition services grant allocations and not distribute this additional funding to the AAAs?

Answer:

Under OAA Section 305, SUAs are to distribute nutrition services grant allocations to AAAs based on the approved intra state funding formula. Additional flexibility for SUAs is outlined in the [statewide procurement](#) FAQ.

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Question:**Does the SUA have the authority to negotiate a state contract for shelf stable or other meals?****Answer:**

During this pandemic, The ACL recognizes that [statewide procurement](#) or other direct expenditures by the SUA may be critical to meeting the mission of the OAA. ACL is providing options to expedite expenditures of OAA Title III, FFCRA, and CARES Act Funds. The SUA may negotiate a contract on the state level that allows individual AAAs or local nutrition service providers to make purchases on a local level. The SUA also may procure items on a statewide level and permit AAAs the option of whether or not to receive items through the SUA's procurement and OAA funding is allocated through the approved Intrastate Funding Formula.

Question:**Can SUAs require AAAs or local nutrition service providers to purchase meals from a state contract?****Answer:**

No, SUAs may not require AAAs or local nutrition service providers to purchase meals from a state contract, but permit the AAAs the option of whether or not to receive these items.

Question:**What are the requirements for collecting voluntary contributions?****Answer:**

The OAA does not allow cost-sharing for nutrition services, but allows voluntary, non-coercive contributions from older adults. The OAA does not allow the ACL to waive this provision.

It is up to the SUA/AAAs/local nutrition service providers to determine how best to implement this requirement during the pandemic. Some common methods for collecting contributions may include:

- Informing participants of the opportunity to contribute;
- Using a locked box at grab and go locations, at curbside service or on home-delivered meal routes; or
- Providing envelopes so older adults may send their contributions in via check through the mail.

Question:**Do bags or boxes of groceries count as a meal?****Answer:**

No, bags or boxes of groceries do not count as a meal.

During this pandemic, a SUA may decide to allow AAAs and local nutrition service providers to assemble bags or boxes of preselected nutritious foods that would contribute to a healthy diet and the management of chronic disease such as slower sodium canned meats, fish, soups, stews, sauces, vegetables or vegetable juices or fruits canned in their own juices or light syrup or whole grain crackers, pasta or rice.

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If a SUA decides to allow this practice, the SUA may want to provide guidance and technical assistance about implementation including examples of a week's menu from the bag of pre-selected groceries that would provide nutritionally adequate, safe, and appetizing meals with minimum preparation. It is important to consider that the food item packaging should be easy to open and that the foods should be easy to prepare. Many current home-delivered participants have multiple functional impairments, which might include limited ability to prepare food as well as limited safe storage. Policies, procedures, guidance and technical assistance need to address these concerns as well.

All activities done under this crisis should be counted and coded as COVID-19 for reporting and audit purposes.

Question:

Are SUAs allowed to use Title III C1 or III C2 for grocery pick-up, delivery, or other household items?

Answer:

SUAs, AAAs, and local nutrition service providers are not allowed to use Title III C funds for grocery assistance, pick-up and delivery, but can use Title III-B.

However, nutrition service providers may use funding under either supplemental funding or disaster relief authorities to pay for grocery pick up, delivery and household items such as gloves, masks, sanitizer, etc. Please review the authorities on the OAA Comparison spreadsheet on the [NRCNA](#).

Please code all activities as COVID19.

Question:

How do SUAs address waiting lists and food insecurity during this public health emergency?

Answer:

This is a state and local issue and the OAA does not address waiting lists. SUAs establish their own policies, procedures, guidance and technical assistance in this area. During this pandemic, SUAs, AAAs, and local nutrition service providers may prioritize those individuals at highest risk while still trying to serve new home delivered meal participants who need to shelter in place.

This may also be an opportunity to review all funding sources and continue to collaborate with other public and private funders such as USDA funded programs.

Question:

What protocols does ACL recommend for service personnel?

Answer:

ACL recommends that SUAs assist AAAs and local nutrition service providers follow the CDC guidance and the [ACL COVID 19 Toolkit](#) as well as any specific guidance from your state and local health department.

In compliance with the OAA, SUAs should already have emergency protocol and Continuity of Operations Plans (COOP) established and be able to assist AAAs and local nutrition service providers. Many policies should address issues related to meal suspension (due to inclement weather, for example) that can be adapted in the event your community requires a quarantine. [ACL Emergency FAQs provide basic assistance.](#)

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Shortages of staff or personnel protective equipment may result in a local decision to offer other delivery options, i.e. pickup or drive through method, use of emergency staff for meal delivery, drop ship delivery method, stable meals at hospitals for pickup, place the meal at the door step and follow-up with a call, etc. ACL recommends the local network follow state and local health department/local emergency management communications for the best information and accurate instructions for your community.

This crisis continues to evolve, so strategies need to be flexible and ever changing.

Question:

How can SUAs provide additional help during this emergency?

Answer:

During the pandemic, SUAs provide a conduit for essential, accurate and supportive information. They are a life-line to AAAs and local nutrition service providers looking for guidance, assistance and up-to-date information about what is happening in the state. They can assist in providing information to older adults such as information for [healthy eating during an emergency](#), menus for two weeks, food safety during COVID19 for consumers and hints for keeping food safe. They can assist nutrition service providers with tips and guidance on food service, catering contract procurement, and food assistance programs. The NRCNA lists [additional information](#), webinars, white papers and briefs that might help those who are teleworking during this time put together training for the future.

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OAA – Title III C, Nutrition Services

Phased Reopening for Senior Nutrition Programs

May 5, 2020 – Website FAQ – Nutrition Services – Phased Reopening Guidance

PHASED REOPENING GUIDELINES FOR SENIOR NUTRITION PROGRAM OPERATIONS DURING THE COVID-19 PUBLIC HEALTH EMERGENCY

Returning to a “New Normal”

May 5, 2020

On April 16, 2020, President Trump unveiled the three-phased [Guidelines for Opening Up America Again](#). Developed as a collaborative effort between the National Resource Center on Nutrition and Aging, National Association of Nutrition and Aging Services Programs, National Council on Aging, and the Administration for Community Living (ACL), the following document provides some suggestions for senior nutrition programs to consider as their states move forward through those phases.

This guide is not intended to be an exhaustive list of every aspect related to the safe handling of food. For technical assistance on how to safely and effectively run a nutrition program see the [National Resource Center on Nutrition and Aging](#).

Nutrition services authorized under Title III-C of the Older Americans Act (OAA) are designed to promote the general health and well-being of older individuals. The services are intended to:

- Reduce hunger, food insecurity and malnutrition;
- Promote socialization; and
- Delay the onset of adverse health conditions.

Services are not intended to reach every individual in the community. Programs target adults age 60 and older who are in greatest social and economic need, with particular attention to the following groups:

- Low-income older individuals
- Minority older individuals
- Older individuals in rural communities
- Older individuals with limited English proficiency
- Older individuals at risk of institutional care

As always, states and localities can use the existing flexibility of the OAA to adapt their policies and procedures to operate under the “new normal” changes that are required by social distancing protocols and other changes brought about by the COVID-19 pandemic. The complexities and logistics of providing an older individual a meal, promoting socialization, and promoting health and well-being have been tested more than ever before, not only for senior nutrition programs, but also for older individuals, their families, and caregivers.

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As senior nutrition programs begin to establish their new normal, they will need to consider how to measure the impact of their programs. Policies and procedures should ensure that senior nutrition programs are reaching the intended population and should align with the goals of the OAA, i.e., offering a meal and opportunities for socialization to delay the onset of adverse health conditions. Furthermore, policies and procedures must be consistent with guidance from state and local health departments and emergency management agencies to ensure safety of participants and providers. We are confident that the aging services network will rise to this current challenge, as it is no stranger to everyday challenges. We encourage the network to be creative, look for new partnerships, and rely on the technical assistance provided by ACL and resources that are available via the [National Resource Center on Nutrition and Aging](#).

Who is impacted? Vulnerable Individuals.

The [Guidelines for Opening Up America Again](#) describes “vulnerable individuals” as:

- Elderly individuals. In fact, between 10 and 27 percent of people over the age of 85 who were confirmed to have COVID-19 died from the disease, according to the [Centers for Disease Control and Prevention](#). CDC also warns that people who are 65 or older are at higher risk for developing severe illness from COVID-19; and
- People with serious underlying health conditions, including high blood pressure, chronic lung disease, diabetes, obesity, asthma, and those whose immune system is compromised. CDC’s web site says, “Many conditions can cause a person to be immunocompromised, including cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications.

Important Note: Addressing social isolation is very important during all phases.

Consider these Tips to Engage Older Adults Virtually:

- Leveraging social networking platforms such as Twitter, Facebook, and Instagram to share content such as encouraging messages and helpful resources, and to stay connected with others.
- Offering computer-friendly services to support new users of electronic devices.
- Using platforms like Mail Chimp and Constant Contact to create email newsletters.
- Establishing or expanding virtual friendly-visiting programs and engaging staff and volunteers to make daily phone calls to older adults.
- Identifying virtual events (i.e. online concerts, museum tours, amusement park rides, aquarium visits) and sharing these events or website links using email.
- See more tools for virtual connections at [ACL.gov/COVID-19](#).

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Guidance for Serving Older Adults During Phase One:

Please refer to the Gating Criteria for States and Regions in the [Guidelines for Opening Up America Again](#).

During this phase, all vulnerable individuals should continue to shelter in place.

Home-Delivered Meal Programming

For clients of home-delivered meals clients and former clients of congregate meals, consider:

- Offering fresh or frozen drive-through, pick-up, or personal delivery meals, preferably using non-touch delivery methods. See resource on [Safely Accepting Deliveries](#)
- Delivering a one-week or two-week supply of frozen meals and/or shelf-stable meals with milk or dairy alternate, whole grain bread, fresh fruits and vegetables (when possible) on rotating schedules.
- Replacing daily check-ins with phone calls to maintain social connections and to assess well-being and ability to prepare and cook meals.
- Alternatively, to limit personal contact by aging services network personnel, offering program participants weekly or bi-weekly drop-shipped frozen or fresh meals to include, when possible, milk (fluid milk or powdered or dairy alternate), whole grain bread, fresh fruits and vegetables. The aging services network should appropriately package foods for transport and use food vendors providing this service through delivery companies such as USPS, UPS, or FedEx and combine with regular daily check-ins with phone calls to assess well-being.
- Collaborating with local restaurant voucher partners to create “to go” meals or meal delivery. See the [Guide to Working with Restaurants and Grocery Stores for Meals](#) for more details.
- Supplementing the meal program for with groceries (one- or two-week supply) that can be hand-delivered by staff or volunteers (using appropriate precautions), delivered by grocery store partners, or drop-shipped using delivery companies such as USPS, UPS, or FedEx. Groceries should not be counted as meals. Shipping and delivery of food can be supported through Title III-B funding and the public health emergency supplemental funding.
- Practice contactless deliveries to the greatest extent possible: Leave the delivery at the recipient’s doorstep, then move to a distance greater than six feet away to verify receipt with the person getting the delivery. This eliminates the need for close contact between you and the person getting the delivery. Feel free to visit [What Food and Grocery Pick-up and Delivery Drivers Need to Know](#)

Due to the increase in demand, you may need to prioritize home delivered participants. Assessments for home delivered meals do not need to be done in person. You may use phone or online screening tools and mechanisms.

Congregate Nutrition Programming

Consider:

- Coordinating or hosting virtual congregate sites using media such as FaceTime, Zoom, GoToMeeting, UberConference, etc. to host group breakfast, lunch, dinner, and the provision of nutrition education, including at coffee hours.

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- Coordinating or fostering the development of a buddy system where one person virtually dines with an older individual.
- Coordinating or fostering these options via phone calls for older individuals who do not have access to other virtual media platforms.

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Guidance for Serving Older Adults During Phase Two:

Please refer to the Gating Criteria for States and Regions in the [Guidelines for Opening Up America Again](#).

During this phase, all vulnerable individuals should continue to shelter in place.

Home-Delivered Meal Programming

Consider all options and guidance provided under [Phase One](#), plus the following:

- Collaborating with local food trucks to deliver to neighborhoods or locations. Maintaining social distancing guidelines such as maintain six feet between participants and using cloth face coverings. Older individuals should pick up meals and return to their residence, or a food truck employee delivers the meal to the home, if possible.
- Offering small group programming where participants register in advance to attend a class, where they can receive nutrition education, prepare a meal together, socialize, and take their meal home to eat.
- Resuming daily or weekly meal delivery while practicing social distancing guidelines, such as maintaining a distance of 6 feet apart and using cloth face coverings.

Congregate Nutrition Programming

Consider all options and guidance provided under [Phase One](#), plus the following:

- Setting up a lunch “buddy program” where a person dines (in person or virtually) with an older individual. *Please note that the OAA allows nutrition project administrators the option to offer a meal to individuals providing volunteer services on the same basis as meals provided to participating older individuals.*
- Implementing a reservations system to manage and limit the number of participants congregating at any one time. This may require creating multiple dining opportunities with extended serving times in order to accommodate all participants (i.e. less than 50 persons at a time, maintaining social distancing guidelines such as spacing 6 feet apart, or based on state and local guidance).
- Limiting congregate sites to less than 50 people at a time, abiding by social distancing guidelines by limiting and/or arranging seating, or using a reservation system.
- Collaborating with local restaurants, catering services, or food trucks to deliver to congregate locations. Maintaining social distancing guidelines, such as spacing six feet apart between participants and wearing face coverings. An older individual picks up a meal and eats with a small group of friends while maintaining social distancing.
- Implementing multiple pop-up cafes to allow for smaller groups to gather in traditional and non-traditional congregate meal settings such as places of worship, fire houses, YMCAs, community centers, libraries, drive-in theatres, housing units, etc. See more information on how to set up pop-up cafes on the [National Resource Center on Nutrition and Aging](#)
- Collaborating with local restaurant to create a voucher program. See the [Guide to Working with Restaurants and Grocery Stores for Meals](#) for more details.

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Guidance for Serving Older Adults During Phase Three:

Please refer to the Gating Criteria for States and Regions in the [Guidelines for Opening Up America Again](#).

During this phase, vulnerable individuals can resume public interactions, but should practice social distancing, minimizing exposure to social settings where distancing may not be practical, unless precautionary measures are observed.

As states begin to relax the social distancing requirements and stay-at-home orders, considerations will be given to re-opening congregate sites with social distancing. As a consequence, the manner in which programs offer meals may change. This may be different from the way programs provided services during social distancing and may be different than how programs offered meals in the past.

Programs may also have to continue assessing clients virtually (on a regular basis) if they are uncomfortable allowing others into their homes or coming out to a site. In establishing a new normal under Phase Three, be sensitive to the reluctance and fear of individuals who may have lost a loved one to COVID-19. It may take longer for them to adjust, so they may require more accommodating programming. Also consider that programs may need to screen former congregate clients who have been receiving home-delivered meals. Their functional ability may have declined and they may be unable to return to a congregate setting. Feel free to consider any of the suggestions outlined above for Phases One and Two.

Additional Resources

CDC -- [Best Practices on Use of Face Coverings](#)

CDC -- [Running Essential Errands, including Accepting Deliveries and Takeout Orders](#)

FDA -- [Food Safety and Coronavirus](#)

[Connecting While Socially Distancing](#)

[Addressing Social Isolation for Older Adults During COVID-19](#)

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OAA – Title III C, Nutrition Services

FAQ – Groceries and OAA Programs

May 12, 2020 – Website FAQ – Groceries and OAA Programs

This FAQ addresses common questions about providing groceries through Older Americans Act programs

(Updated 5/12/2020)

Food insecurity was an issue prior to COVID-19, but it is an even bigger issue during the COVID-19 crisis. Fortunately, all states now have major disaster declarations (MDD) and thus have the authority* to exercise maximum flexibility to feed and support older adults, and ultimately help those at highest risk stay at home during the COVID-19 crisis.

A new resource detailing strategies the network is using to address food insecurity is coming soon. These strategies include things like the following, all of which are allowable for Older Americans Act programs, through those flexibilities.

1. Providing multiple kinds of meals, like combinations of frozen, shelf-stable, and fresh foods, and/or sending more than one meal for a day (breakfast and lunch).
2. Providing bags of groceries, in addition to meals.
3. Providing sample menus, along with groceries, to help older adults or their caregivers make meals (also a great way to meet the program's goal of providing nutrition education).
4. Using groceries instead of meals (this approach is recommended to be limited to providers that are unable to procure meals at this time).
5. Providing individual grocery items, like milk or fruit, to enhance a meal (for example, when shelf-stable meals are provided).
6. Providing nutritional supports, such as vitamins and meal supplements (such as Ensure).

ACL and the [National Resource Center on Nutrition and Aging](#) have developed [a number of resources](#) to assist the national aging nutrition network in this unprecedented time, including FAQs, tip sheets, and other materials, but we understand that some confusion still exists about groceries. This FAQ addresses the questions we are hearing most frequently.

* This [spreadsheet](#) provides additional details about the Older Americans Act and the four disaster authorities under which states are operating (Public Health, Major Disaster, Families First Act, and CARES Act)

Question:

Do bags or boxes of groceries count as a meal?

Answer:

No, bags or boxes of groceries should not be counted as a meal.

Additional context:

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ACL determined early on that bags and boxes of groceries are not meals. This decision was based on feedback from many folks in the network who were scrambling trying to make meals out of groceries, i.e., counting meals and calories, trying to meet DRIs/DGAs, etc. That practice was proving burdensome and confusing so, for the purposes of program reporting, groceries should not be divided up and counted as individual meals.

Instead, programs should track both meals and groceries, and in the end we will show we fed x number of seniors. (Additional COVID-related programmatic reporting guidance can be found on [ACL's COVID-19 web page](#).)

Bottom line: Grantees should not worry about how many meals you are serving, as long as you are providing food.

Question:

Are SUAs allowed to use Title III C1 or III C2 funds for grocery pick-up, delivery, or other household items?

Answer:

Ordinarily, no. But when operating under MDD authorities, yes.

Additional context:

Under regular OAA authorities, Title III-B funds can be used for such services, but Title III C funds cannot. However, under MDD authorities, all OAA funding may be allocated to any of the OAA titles.

The above explanation means that states may use regular OAA funding, as well as Families First and CARES Act funds -- including those given under Title III-C -- for delivery, pick up, or other services necessary to grocery assistance.

The CARES Act also included Title III-B funding which may be used for such services.

Question:

Can SUAs allow local nutrition service providers to send bags/boxes of groceries to older adults rather than meals?

Answer:

Yes. Groceries can be provided as additional nutrition services, based on the meal participant's needs.

Additional context:

Even under normal OAA authorities, groceries can be counted as nutritional supports under Title III-C. Things like milk or fresh fruit/vegetables can be used to enhance a meal. However, like vitamins and meal supplements (such as Ensure), they should not be reported as meals. Rather, they are additional supplemental services based on the needs of the meal participant.

ACL continues to encourage SUAs, AAAs, and local providers to provide food and meals that meet the DGAs and the DRIs as much as possible. When purchasing any food or meals for older adults, the nutritional needs of the individuals and the availability of healthy foods need to be considered.

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Question:

For the purposes of financial reporting, what services are authorized under OAA Title IIIC?

Answer:

Under regular OAA authorities, the following services are authorized to receive funding under Title III-C:

1. Congregate meals;
2. Home delivered meals;
3. Nutrition education;
4. Nutrition counseling;
5. Nutrition screening; and
6. Nutritional services as appropriate, based on the needs of meal participants (Section 331 and 336).

Additional context:

We are sharing this information to understand where the funding originates. If exercising flexibilities under an MDD, all monies can be bucketed into any of the OAA Titles to be used for disaster relief, as needed. This explanation means that states may use regular OAA, Families First and CARES Act funds, including those given under Title III C authorities, for disaster relief efforts.

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OAA – Title III D, Evidence Based Health Promotion Programming

March 25, 2020 – Website FAQ – Evidence Based Health Promotion, Disease Prevention Programs

In the Immediate Term

What actions should be taken by falls prevention and other Title III-D programs in areas with *and without* current community transmission of COVID-19? Should lead grantee organizations (which are state agencies) direct our partners to cancel, or consider cancelling, classes?

The network should already have emergency protocol and Continuity of Operations Plans (COOP) plans established. We recommend using your discretion based on your local emergency plans and local and State health department guidance with respect to offering falls prevention programming and other health promotion workshops in congregate settings. It is likely that in an epidemic, the size of the group will be a factor as well as the susceptibility of the class participants. In the case of COVID-19, older adults and people with chronic illnesses seem to be at higher risk of complications than other groups. Social isolation may be recommended, and this should be encouraged if it is.

In the Medium Term

What guidance should lead grantee organizations provide to community partners in counties without current community transmission regarding when to consider cancelling classes?

We recommend using your discretion based on your local emergency plans and local and State health department guidance with respect to offering falls prevention programming and other health promotion workshops in congregate settings.

In the Long Term

There are potential impacts on our ability to meet participant numbers should this situation worsen. Please advise what we should do in that situation.

The health and safety of older adults and other community members is of utmost importance. With respect to your discretionary grant, we can certainly re-assess participant progress as needed in the coming months in light of this global pandemic.

Can a grantee reimburse AAAs through Title III-D for Evidence-Based Program workshops that ended up being cancelled after a couple of sessions because of COVID-19 concerns?

For evidence-based program workshops paid for with an ACL discretionary grant, the grantee should review their sub-grant or contractual agreement and adjust payments accordingly, generally paid for on a per complete basis. Please stay in close contact with your project officer on any changes and for additional technical assistance.

A question has come up about convening groups of older adults as part of our falls prevention grant work, given the new risk of community transmission of COVID-19. Based on CDC guidance for older adults to avoid groups, we have reservations about continuing to offer grant-related community classes over the next few weeks until we better determine what this outbreak is going to look like. We do not want to potentially be a mode of transmission among vulnerable older adults in the community. We wondered if you all had guidance for grantees about this issue or if other grantees had similar concerns.

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We recommend using your discretion based on your local emergency plans and local and State health department guidance with respect to offering falls prevention programming and other health promotion workshops in congregate settings.

Does the same guidance that was provided to ACL’s CDSME and Falls Prevention discretionary grantees regarding implementing evidence-based programs through alternate delivery mechanisms also apply to Older Americans Act Title III-D grantees?

A. It is not an expectation that ACL grantees, both formula and discretionary, are delivering in-person evidence-based programs at this time. Alternative delivery mechanisms (like virtual classes) may not be congruent with program fidelity. Only delivery adaptations that are approved by evidence-based program administrators should be implemented by ACL grantees (formula and discretionary). Please visit the National Council on Aging’s [Health Promotion Program Guidance During COVID-19 webpage](#) for resources about delivery adaptations, including a list of requirements (organized by program). Permission to utilize alternate delivery mechanisms is approved *only* in the context of COVID-19 response, per applicable federal, state, and/or local guidance, and not for long-term program operations. If you have any technical assistance needs or questions related to evidence-based programs, please contact the National Council on Aging at healthyaging@ncoa.org.

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OAA – Title VI, American Indian, Alaskan Natives, and Native Hawaiian

March 27, 2020 – Website FAQ – Families First Coronavirus Response Act (FFCRA) for Title VI Grantees

FAQ – FAMILIES FIRST CORONAVIRUS RESPONSE ACT (FFCRA)

For Grantees under Title VI of the Older Americans Act

March 27, 2020

These FAQs are provided in response to questions received by the ACL on the supplemental funding provided by the Families First Coronavirus Response Act (FFCRA) for Title VI nutrition programs. Grant awards were issued by the ACL on March 25, 2020.

Using your FFCRA Funds

What can we spend these funds on? Is it the same as Title VI?

- Funds are approved for the nutrition and supportive services typically provided under Title VI Part A/B. Please also reference the [Older Americans Disaster Relief FAQ](#).

How should we plan to report on these funds?

- For financial reporting and accounting purposes grantees should track these funds separately from the Title VI Older Americans Act grants.
- FFCRA funds have been issued under a separate grant award number; therefore, funds must be accounted for separately from the regular issuance of Title VI Older Americans Act funding.
- Grantees are required to continue maintaining appropriate records and documentation to support the charges against the Federal awards.
- Additional information will be coming out very shortly on programmatic reporting requirements. At a minimum and where possible, grantees should record the number of clients to whom service is provided, the service provided and the number of units of service provided.

We closed our congregate site and are allowing drive-through and take-out meals only. Can we use this FFCRA funding to pay for those meals?

- Yes.

Can we use these funds to pay for supplies and equipment related to COVID-19 response?

- Yes, these funds can pay for supplies and equipment directly related to your Title VI Nutrition Programs. For example, such supplies and equipment may include carry-out containers, warming bags or coolers, and other supplies needed to support healthy living for elders during this COVID-19 pandemic and extended isolation period.

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OAA – Title VI, American Indian, Alaskan Natives, and Native Hawaiian

April 17, 2020 – Website FAQ – COVID FAQs for Title VI Grantees

COVID FAQs FOR TITLE VI GRANTEES

Information for American Indian, Alaskan Native and Native Hawaiian Programs

Last updated: April 17, 2020

ACL has received numerous questions related to how Title VI grantees can use grant funds to respond to the COVID-19 emergency. ACL has provided responses to many of the questions here.

Nutrition & Supportive Services (Part A/B of Title VI)

Are the Families First Coronavirus Response Act (FFCRA) & Coronavirus Aid, Relief and Economic Security Act (CARES) grants only for food, or for anything Part A/B related?

FFCRA and CARES funds are approved for services under Part A/B of Title VI, including the congregate meals program and the home delivered meals program, and funds must be used to support activities related to response of the Coronavirus. Funds could be used to pay for supplies and equipment directly related to your Title VI Nutrition Programs, including supplies and equipment such as carry-out containers, warming bags or coolers, and other supplies needed to support healthy living for elders during this COVID-19 pandemic and extended isolation period, personal protective equipment, paper towels/other supplies for tribal elders, stocking of food pantry for tribal elders and other Part A/B supportive services (transportation, visiting, telephoning, chore, etc.).

Can I use Part A/B funds to purchase groceries (or pantry items or food boxes, etc.) for tribal elders due to the COVID-19 emergency?

It's first recommended that programs provide meals to elders that meet the dietary guidelines required by the Older Americans Act, regardless of whether that meal is in hot, frozen or shelf-stable. You can also purchase meat, eggs, and other things that the elder can cook. However, if during the response to the COVID-19 crisis, a program is unable to procure meals that meet the dietary requirements, then they may purchase groceries for elders using Title VI Part A/B or FFCRA and CARES funds. When purchasing any foods for elders, the nutritional needs of the community, as determined by your program's needs assessment, should be considered and should factor into the purchases.

Can I use my Title VI Part A/B FY19 No Cost Extension funds for COVID-19 Response?

Yes. Title VI funds allow for nutrition, supportive services, and other services needed to maintain elders in their homes and communities.

ACL recommends using your grant awards in the following order:

1. FY19 No-Cost Extension (NCE) (this has the "soonest" project end date) Title VI Part A/B grants;
2. FFCRA (these funds are only for COVID response) grants;
3. CARES Act (these funds are only for COVID response) grants;
4. FY20 Title VI Part A/B grants

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Can tribes use the FFCRA and CARES grants to pay for major purchases (e.g., a vehicle to help deliver meals now that folks have been moved from congregate to home-delivered programs)?

Title VI grantees are strongly encouraged to use Title VI funds to make large purchases. However if no other funds are available, FFCRA and CARES funds can be used to make a major purchase as long as the purchase supports the program's response to the COVID-19 emergency and is an allowable cost under Title VI Part A/B.

Equipment purchases exceeding \$5,000 must receive prior approval from ACL prior to purchase. Find [Guidance for Large Purchase Request with ACL/AoA Title VI Grant Funds here.](#)

What are some examples of Part A/B services that are allowable for responding to COVID-19?

Title VI services that are allowed under Part A/B include, but are not limited to:

- **Homemaker Service:** Providing light housekeeping tasks in an Elder's place of residence. Tasks may include but are not limited to preparing meals, shopping for personal items, laundry, managing money, or using the telephone in addition to other light housework.
- **Personal Care/Home Health Aid Service:** Providing an Elder assistance with Activities of Daily Living (ADLs) such as eating, dressing, and bathing, toileting, transferring in and out of bed/chair or walking. Assistance may also include with an Elder's health related tasks such as checking blood pressure and blood glucose and assistance with personal care. Personal care may include assistance with Instrumental Activities of Daily Living (IADLs).
- **Chore Service:** Performance of heavy household tasks provided in an Elder's home. Tasks may include yard work or sidewalk maintenance in addition to heavy housework; such as heavy cleaning, yard work, walk maintenance, minor home repair, wood chopping, hauling water, and other heavy-duty activities which the Elder(s) is unable to handle on their own and which do not require the services of a trained homemaker or other specialist.
- **Visiting:** Going to see an Elder to reduce social isolation, and/or perform a wellness check (a visual check of an Elder to see if they need anything), etc. This would include visiting in a personal home. Visiting may include a minimum of 15 minutes talking with an Elder or an adequate amount of time to make an informed decision about the Elder's well-being
- **Telephoning:** Phoning in order to provide comfort or check up on the Elder. The Elder should be reached and spoken to in order for the contact to be counted.

For more examples of Title VI services, please see [the Program Performance Reporting definitions, here at Older Indians.](#)

Can we buy gift cards to grocery stores to buy food for elders?

We do not recommend gift cards to buy food for elders because they present a number of challenges in terms of security and accounting. Instead of gift cards, we recommend ensuring that elders will receive nutritious foods, such as through the purchase of groceries, or providing restaurant vouchers to elders. If gift cards were provided, your program would need to have robust policies and procedures surrounding the gift cards, including: assessment procedures of individuals who receive the gift cards, the quantity and frequency that you would allow such gift cards to be provided, how you would confirm and document that the gift card was used for healthy food for elders (and not other purposes), and policies about equitable distribution of the gift cards.

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Are the FFCRA and CARES funds separate grants from our FY20 Title VI funding and the FY19 Title VI no-cost extension funding?

The FFCRA funds were awarded as a separate grant, and when the CARES grants are issued, they are also awarded as a separate grant.. Please note, FFCRA and CARES funds are approved for services under Part A/B of Title VI, including the congregate meals program and the home delivered meals program, and funds must be used to support activities related to response of the Coronavirus. Also, please remember that funds must be accounted for separately from the regular Title VI funding.

Can we use Title VI or FFCRA/CARES grants to provide grocery and basic necessity services to other tribal or non-native elders and their families that are outside of our approved Title VI service area?

Title VI, FFCRA and CARES grants can only be used to provide services to individuals who are within the Title VI approved service area (as indicated in the Title VI grant application) and who are Title VI eligible, even if the individual has never received Title VI services before. Other funding sources would need to be used to serve elders considered non-eligible by Title VI standards, or elders who live outside of the approved service area.

Can FFCRA and CARES Act funding be used for traditional healing methods?

Supplemental funding can be used for any service that is approvable under your regular Title VI grant.

Can we use Title VI Part A/B and FFCRA/CARES grants to make hot meals and freeze them to make meals available to elders when the shelf stable foods are no longer available?

Yes.

Do you have any suggestions on vendors to contact regarding meal preparation or grocery purchases for elders?

There are some national vendors that may be able to provide shelf stable and/or frozen meals. Both kinds of meals may need to be supplemented with milk, bread and fruit.

Title VI programs may want to consider buying boxes or bags of groceries that would provide multiple meals. Boxes or bags of groceries do not constitute meals and are not to be reported as meals.

Title VI programs may consider assembling bags or boxes of preselected nutritious foods that would contribute to a healthy diet and the management of chronic disease such as slower sodium canned meats, fish, soups, stews, sauces, vegetables or vegetable juices or fruits canned in their own juices or light syrup or whole grain crackers, pasta or rice. It is important to consider that the food item packaging should be easy to open and that the foods should be easy to prepare. Many current home-delivered participants have multiple functional impairments which might include limited ability to prepare food as well as limited safe storage.

The National Resource Center on Nutrition and Aging is being updated on a regular basis and will have information on this topic on its website <https://nutritionandaging.org/covid-19/>.

What PPE should the cooks and meal deliverers be wearing while preparing and delivering to elders?

Title VI programs should already have emergency protocol and Continuity of Operations Plans (COOP) established and these may need to be updated, given the unique circumstances of the pandemic. ACL suggests that the Title VI program work with Tribal leadership to obtain PPE from FEMA or work with IHS as to the best way to obtain it.

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Food preparation should follow all the usual procedures for safe and sanitary production, including food safety protocols and best practices in place, including the use of food service gloves. At this time, masks would also be recommended.

Delivery should be as contactless as possible following procedures that minimize contact between the person delivering the meal or food and the elder.

ACL recommends the program follow Tribal Health Department guidance as well as CDC guidance as found at <https://acl.gov/COVID-19>, including https://acl.gov/sites/default/files/COVID19/C19FAQ-NutritionEM_2020-03-12.pdf.

Caregiver Services (Part C of Title VI)

Can Title VI Part C funds be used for disaster response? And what can we use these funds for?

Yes, these funds can be used for disaster response for caregivers. You can use Part C funding on any service necessary to assist a caregiver during the disaster response.

Can tribes in states that have received a major disaster declaration use their Part C grant funds for meals to elders?

Yes. Once a Major Disaster declaration is approved (by the President for your Tribe, or your Tribe is included in a Major Disaster Declaration that was approved for the state), Older Americans Act Section 310(c) permits tribes to use any portion of the funds made available under any and all sections of the Act for disaster relief for older individuals. In this regard, flexibility is provided for tribes to use existing grants already made to them under Title VI Part A/B and Part C for disaster relief.

Can I use Part C funds to purchase groceries (pantry items, food boxes, etc.) for tribal elders due to the COVID-19 emergency?

It's first recommended that programs provide meals to elders that meet the dietary guidelines required by the Older Americans Act, regardless of whether that meal is in hot, frozen or shelf-stable. However, if during the response to the COVID-19 crisis, a program is unable to procure meals that meet the dietary requirements, then they may purchase groceries for elders. If a Major Disaster declaration is approved (by the President for your Tribe, or your Tribe is included in a Major Disaster Declaration that was approved for the state), OAA Section 310(c) permits tribes to use any portion of the funds made available under any and all sections of the Act for disaster relief for older individuals. In this regard, flexibility is provided for tribes to use existing grants already made to them under Title VI Part A/B and Part C for disaster relief.

Staffing/Personnel

If our tribe has shut down our Title VI program, can I still collect a salary if all or part of it is paid with Title VI funds? What if I'm placed on administrative leave?

Yes, you may use Title VI funding to pay for your salary which you will continue to collect, even while programs may be shut down, as long as this is in accordance with your Tribe's policies and procedures. When working on the program and teleworking, that is allowable. Additionally, if placed on Administrative Leave, or similar leave, you may use federal funds to pay for leave, see 45CFR75.430-431, and specifically see 431(b). There is a requirement that the policy is written. Having a written tribal policy will be important in future audit reviews.

If our drivers are mainly delivering senior meals, could the emergency funds we received be used to help supplemental their salaries temporarily?

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You may use Title VI funds to pay the salaries of drivers for the work they are doing for the Title VI program. We also note, that you may use your supplemental funding (FFCRA, CARES) for activities related to the disaster response, including delivering meals to seniors.

Can we charge the grant for time staff spends disinfecting our tribally-managed residential community?

Yes.

Are we able to give bonus pay to the employees who are working during this time?

Yes, as long as your Tribe has policies and procedures already in place to award bonuses. We require that the tribe follow their policies and procedures.

Financial/Fiscal

Can we use the FFCRA/CARES grants to pay for expenses we incurred prior to the effective date of the FFCRA/CARES funding?

Because the Title VI grantees have been impacted by COVID-19, ACL has waived prior approval requirements for pre-award costs incurred from January 20, 2020 to the effective date of the Federal Awards for the FFCRA and CARES Act funds.

Can we use the FFCRA/CARES grants to pay indirect costs?

Yes. Indirect costs (IDC) can be charged against Title VI Part A/B and Part C grants, as well as the FFCRA and CARES grants. Please note: IDC cannot be charged to NSIP grants.

Will I need to report on another/separate 425 for the FFCRA/CARES funds?

Yes. FFCRA/CARES funding is on a different reporting period from the Title VI grants. There are 2 SF-425 reports required for FFCRA/CARES grants: the annual report due on 4/30/21 and the final SF-425 due on 12/30/21.

How are FFCRA and CARES funds awarded?

FFCRA and CARES grants were allocated through the same population-based funding formula that is used to award Title VI Part A/B and C grants.

Will we receive additional supplemental funding beyond the FFCRA? What is the dollar amount of these funds and when will they be distributed?

Yes. The CARES Act approved additional supplemental funding for all Title VI grantees. The amount of this funding will be determined based on the same funding formula used to calculate the amount of your Title VI grants.

Reporting

Will we report the services we provide with FFCRA/CARES funding in the PPR?

Yes, you should be tracking the services you are providing, the number of elders and caregivers you are serving, and the units of service you are providing with FFCRA funding. ACL will share further information on programmatic reporting soon.

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Will I need to report on another/separate 425 for the FFCRA funds?

Yes. The FFCRA funding is on a different reporting period from the Title VI grants. There are 2 SF-425 reports required for FFCRA grants: the annual report due on 4/30/21 and the final SF-425 due on 12/30/21.

Do we need to count boxes of groceries toward our meal count? If so, how is this done?

Boxes of groceries will not be counted as a meal. Instead, you will report these separately. We will provide additional information about reporting requirements as they become available.

Disaster Operations**Can tribes in states that have received a major disaster declaration use their Part C grant funds for meals to elders?**

Yes. Once a Major Disaster declaration is approved (by the President for your Tribe, or your Tribe is included in a Major Disaster Declaration that was approved for the state), Older Americans Act Section 310(c) permits tribes to use any portion of the funds made available under any and all sections of the Act for disaster relief for older individuals. In this regard, flexibility is provided for tribes to use existing grants already made to them under Title VI Part A/B and Part C for disaster relief.

We have very limited access to PPE. Do you have suggestions on where to obtain it?

We understand the challenges the PPE shortage has placed on tribes. We have been in contact with our federal partners, and believe the best way for a title VI program to obtain PPE is to work with tribal leadership, because they are best suited to make these requests to FEMA and also work with your IHS provider. Title VI funds can be used to purchase the supplies to make masks, if that is something your community is interested in.

Can our Title VI program not use funds for COVID relief unless our tribe receives a major disaster declaration?

You can use your Title VI funding for disaster relief even if your tribe does not have a major disaster declaration. A major disaster declaration allows a tribe to use any portion of their funding to provide services under any part of the OAA. However, even without a major disaster declaration the OAA still offers great spending flexibility. For instance, Part A funds could be used to pay for supplies and equipment directly related to your Title VI Nutrition Programs, including supplies and equipment such as carry-out containers, warming bags or coolers, and other supplies needed to support healthy living for elders during this COVID-19 pandemic and extended isolation period, PPE, paper towels/other supplies for tribal elders, stocking of food pantry for tribal elders and other Part A supportive services (transportation, visiting, telephoning, chore, etc.)

Will our program not receive part of the FFCRA or CARES funds if our tribe does not receive a major disaster declaration?

All FY17-FY19 Title VI grantees received funding under FFCRA, and all FY20-FY23 Title VI grantees will receive funding under CARES, regardless of whether they have a major disaster declaration.

Does ACL have a State of Emergency template that I can share with our tribes for the Title VI Programs?

We have not developed a State of Emergency template. Title VI programs are encouraged to work with tribal leadership to receive a major declaration.

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Title VI National Conference

Will the Title VI national conference be held virtually?

We hope to hold a national conference in-person this year.

Our tribe has travel restrictions, how do we attend the national conference?

At this time, we do not know when we can schedule in-person trainings again. If the national conference does not take place in 2020, the term and condition of the Title VI A/B grant award that requires participation at the national conference will be waived.

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OAA – Title VII, Elder Justice

Adult Protective Services (APS)

March 18, 2020 – Website Info Sheet – Adult Protective Services (APS) (Provided by TA Center)

ADULT PROTECTIVE SERVICES (APS) Information Provided by ACL’s APS Technical Assistance Resource Center

March 18, 2020 - Direct Reference to website, includes several hyperlinks

(https://acl.gov/sites/default/files/COVID19/C19-AdultProtServices_2020-03-18.pdf)

Preparing for and responding to emergencies to support vulnerable adults requires the work of many within and beyond the APS community. While APS staff are not medical first responders, clearly, they must play an important role. In this difficult time, APS workers place the highest value on the needs and safety of APS clients and those for whom a complaint has been made, and at the same time, to mitigate risk of COVID-19 spread. APS, like all of us, must attend to the health and safety of their clients, communities and themselves. The Administration for Community Living (ACL) values the ongoing work APS is doing under challenging circumstances to ensure that vulnerable adults across the U.S. can be safe.

What is COVID-19?

According to the Centers for Disease Control and Prevention (CDC), a novel coronavirus is a new coronavirus that has not been previously identified. The virus causing coronavirus disease 2019 (COVID-19), is not the same as the coronaviruses that commonly circulate among humans and cause mild illness, like the common cold.

The new name of this disease is coronavirus disease 2019, abbreviated as COVID-19. In COVID-19, ‘CO’ stands for ‘corona,’ ‘VI’ for ‘virus,’ and ‘D’ for disease. Formerly, this disease was referred to as “2019 novel coronavirus” or “2019-nCoV”.

There are many types of human coronaviruses including some that commonly cause mild upper-respiratory tract illnesses. COVID-19 is a new disease, caused by a novel (or new) coronavirus that has not previously been seen in humans.

Please visit the CDC COVID-19 website at www.coronavirus.gov for up to date information about COVID-19 and for guidance, as the situation changes daily.

Personal Safety is Paramount

Request that all representatives of the Office carefully review the following fact sheets from the CDC:

1. What You Should Know
2. What You Should Do If You Are Sick
3. What You Need to Know about Handwashing

Program Response During an Emergency - Continuity of Operations

APS programs must adhere to direction from state and local health authorities. Moreover, APS should regularly review CDC guidance, which is updated frequently to be sure personnel, clients and communities are as safe as possible.

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The following information is intended to assist APS programs in understanding a range of strategies and options that can help develop the means of continuing operations and protecting vulnerable adults. Existing tools and resources are provided now in the context of responding to COVID-19.

This information does not replace and is meant to supplement guidance issued by the CDC, any state or local health department, or the Centers for Medicare & Medicaid Services (CMS).

It is important to understand that federal, state and local health authorities may and in many communities are restricting access to congregate living facilities such as nursing homes during the COVID-19 pandemic. Additionally, APS programs should closely follow CDC guidance in such circumstances. Because state law governs APS programs, when state or local health authorities order restrictions on visitation in such facilities, you would want to consult with those authorities about APS access.

APS programs could carefully consider the following practices and approaches when home or facility visiting is not feasible.

- Ask clients if they have access to a computer, tablet or a smart phone and if they would like and feel safe having video chats or conferences. Some individuals may not be able to communicate this way, especially those with significant cognitive deficits, but it's a starting point.
- Ask clients if they have e-mail addresses and if they would like and would feel safe receiving e-mail updates or corresponding through e-mail.
- Ask clients if they prefer that you contact a representative for ongoing communication. Use telephone contacts with a client's family, friend, facility staff, or another professional involved with the case to inquire about the client's safety.
- Consider whether written communication with the client, such as a letter or email, could be effective and safe. Again, be mindful of who else has access to such communication, including perpetrators.
- If there is no alternative to a home visit, consider limiting the contact by remaining outside the home at the CDC-suggested six-foot social distance. Reducing home visits to the fullest extent possible and visiting people in their homes when there is no other option protects you and your clients and your communities.
- Consider adding questions to your intake process that address a client's health and recent travel history, such as:
 - Is anyone in the alleged victim's household ill with a fever, cough or sneezing?
 - Has anyone in the household come into contact with someone who is ill with these symptoms?
 - Has anyone in the household recently traveled internationally?

Are APS workers going to get masks?

APS workers and caregivers of the aging and disability networks are considered part of the overall healthcare workforce. This is important for purposes of planning for federal support to states needing personal protective equipment (PPE), such as facemasks, gloves and gowns. State and local officials will make final decisions regarding distribution of PPE.

Remember, APS programs should always follow direction from state local health authorities, and the latest CDC guidance.

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Continued Support & Technical Assistance

The APS Technical Assistance Resource Center (APS TARC) is available to provide technical assistance on issues involving COVID-19 and APS. Please visit apstarc.acl.gov/contact-us to request assistance.

Resources

- Administration for Community Living (ACL) COVID-19 Resources
- Centers for Disease Control and Prevention COVID-19 Information
- Centers for Medicare & Medicaid Services (CMS) COVID-19 Information
- Long-Term Care Ombudsman Program and COVID-19
- National Center for Law & Elder Rights (NCLER) Legal Assistance for Older Americans & COVID-19

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OAA – Title VII, Elder Justice

Long Term Care Ombudsman (LTCO)

March 10, 2020 – FAQ – Long Term Care Ombudsman (LTCO) Programs

FREQUENTLY ASKED QUESTIONS

Long-Term Care Ombudsman Program

March 10, 2020

Preparing for and responding to emergencies to support people living in long-term care facilities requires the work of many; and while Long-Term Care Ombudsman programs (Ombudsman programs) are not first responders, they can play an important role. Ombudsman programs can resolve complaints, protect rights, and promote access to services for residents before, during and after emergencies such as COVID-19. In this difficult time, Ombudsmen must value the needs and rights of residents in facilities under quarantine or in which there is risk of exposure, and at the same time attend to their own health and safety.

What is COVID-19?

According to the Centers for Disease Control and Prevention (CDC), a novel coronavirus is a new coronavirus that has not been previously identified. The virus causing coronavirus disease 2019 (COVID-19), is not the same as the coronaviruses that commonly circulate among humans and cause mild illness, like the common cold.

The new name of this disease is coronavirus disease 2019, abbreviated as COVID-19. In COVID-19, 'CO' stands for 'corona,' 'VI' for 'virus,' and 'D' for disease. Formerly, this disease was referred to as "2019 novel coronavirus" or "2019-nCoV".

There are many types of human coronaviruses including some that commonly cause mild upper-respiratory tract illnesses. COVID-19 is a new disease, caused by a novel (or new) coronavirus that has not previously been seen in humans.

What is the role of the Ombudsman program in responding to residents during a COVID-19 outbreak?

The Older Americans Act (OAA) does not authorize Ombudsman programs to serve as first responders in emergencies or disasters. While the OAA does not contain any specific provisions regarding activities related to Ombudsman program emergency preparedness or response, the OAA and federal regulations (45 CFR 1324) do require the Ombudsman program to provide services to assist residents in protecting their health, safety, welfare, and rights, as well as to represent the interests of residents before governmental agencies. *OAA Section 712(a)(3)(B),(E), 712(a)(5)(B)(iii), (iv); 42 USC 3058g(a)(3)(B), (E), 3058g(a)(5)(B)(iii), (iv); 45 CFR 1324.13(a)(1),(5), .19(a)(1), (4)*

The following information is intended to point state Ombudsmen to existing tools and resources, provided now in the context of responding to COVID-19. This information does not replace and is meant to supplement guidance issued by the CDC, any state or local health department, or the Centers for Medicare & Medicaid Services (CMS).

Personal Safety is Paramount

Request that all representatives of the Office carefully review the following fact sheets from the CDC:

1. What You Should Know

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2. What You Should Do If You Are Sick

3. What You Need to Know about Handwashing

Program Preparation Before an Emergency

If your state is not yet affected by COVID-19, use this opportunity to prepare.

- Add to your policies and procedures using existing materials being disseminated by the National Ombudsman Resource Center and other state Ombudsman programs
- Participate in any meetings or training offered by local health departments or your state survey agency, encourage representatives to participate as appropriate.
- Contact the provider associations to learn how their members are preparing.
- Instruct representatives to contact their facilities and inquire about their emergency response plan.
- Ombudsman programs are to serve as a resource and refer individuals to appropriate public health entities, not attempt to answer specific questions about COVID-19. – Inform representatives of state-specific protocols and resources regarding the COVID-19 response and prevention.
 - Assist representatives with messaging for community education and information and assistance regarding COVID-19 (e.g., provide talking points on residents' rights regarding visitation, state and local procedures for quarantine).
 - Encourage representatives of the Office (representatives) to distribute CDC and related information if visiting or through the mail and email.
 - Ensure that representatives have the phone number of local health departments or COVID-19 hotlines to refer residents, their families and facility staff.

Program Response During an Emergency - Continuity of Operations

Refer to ACL's Emergency Preparedness and Response: Model Policies and Procedures for State Long-Term Care Ombudsman Programs, Section 400, *Continuity of Operations* in case your program needs to telework. Ensure that you and all representatives of your Office have the resources to conduct business remotely including:

- Appropriate technology, laptop, printer, internet access, electronic tablets, cell phones, etc.
- Contact information for the Ombudsman, representatives of the Office (both staff and volunteer), legal counsel, agency leadership, other State Ombudsmen
- Copy of Ombudsman laws, regulations, program policies and procedures, including emergency preparation and response policies and procedures
- Ombudsman program training manual
- Business cards
- Ombudsman program brochures and/or other outreach materials
- Ombudsman program forms, such as consent to access and disclosure forms
- Relevant contact information of other entities as described in 400.7.

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Consider alternative formats to ensure that CDC guidance is widely available to all representatives of the Office (i.e., mailing hard copies for those representatives who are not typically online).

Consider gathering resident and family contact information now. See below, Communication with Residents and Families.

Alternative Methods to Conduct Ombudsman Program Work During Quarantine

Refer to ACL's Emergency Preparedness and Response: Model Policies and Procedures for State Long-Term Care Ombudsman Programs Section 600 – *Ombudsman Program Services Related to Emergencies* to determine if there is a need to make adjustments in response to an outbreak of COVID-19. Such adjustments may include temporary changes to procedures or standards concerning facility coverage through visits to residents, alternative formats to conduct resident communication, such as through video conferencing, or phone calls, and suspension of some activities, as appropriate.

Communication with Residents and Families

Be proactive and ensure that your state policies and procedures require that representatives routinely obtain a resident census list. If one is not available and visits are prohibited, instruct representatives to call the facility and ask for the list.

Outreach to Residents – Start with the Telephone

States may want to develop a script and brief questionnaire when contacting residents to ensure some consistency. Use introductory language and questions typically asked during routine visits. Additionally:

- Ask residents if they have access to a computer, tablet or has a smart phone and if they are interested in video chats or conferences.
- Ask residents if they have email addresses and if they would like to receive email updates or correspond through email.
- Ask residents if they prefer that you contact a representative for on-going communication.

Reminder about Ombudsman Communications: All communications with residents, complainants, others, via email or other methods are considered Ombudsman program information and disclosure provisions apply. Ensure that your program has technology in place to protect the privacy of email correspondence.

Resident Councils

Ensure that your state policies and procedures require that representatives routinely obtain the contact information of resident council leadership, including phone numbers and email addresses.

- If this was not in your policies and procedures, consider activating this requirement for future visits.
- Do not wait for an outbreak of COVID-19. Instruct representatives to call the facility and ask for information now.
- Contact the resident council president – assess the level of technological capacity to hold resident council teleconferences
- Seek facility staff support to establish this meeting format, if necessary.

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Resident Representatives, Families and Family Councils

- Ensure that your state policies and procedures require that representatives routinely obtain resident representative or family contact information, including phone numbers and email addresses. – If this was not in your policies and procedures, consider activating this requirement.
- Do not wait for an outbreak of COVID-19 – instruct representatives to call the facility and ask for resident representative or family contact information now.
- Create and send an email introduction, which includes how to contact the program.
- Ombudsman programs may want to consider activating family councils where they do not exist or holding family teleconference meetings. This type of meeting creates an opportunity to introduce the program before a crisis occurs. Establishing communication may be more difficult when the facility is in the middle of a crisis.
- If a family council exists, ensure that representatives contact the president and ask to be invited to their meeting, if not already involved.

Additional Communication Approaches When a Facility is Under Quarantine

- Post Ombudsman program contact information on front door.
- Make brochures available outside by the front door, if practical.
- Mail brochures and other information to the facility and ask the administrator to distribute program brochures.
- Consider issuing a press release to remind the public that the program is a resource.
- Contact elected officials to remind them that the program is a resource for their constituents.

Complaint Processing

Refer to *ACL's Emergency Preparedness and Response: Model Policies and Procedures for State Long-Term Care Ombudsman Programs* Section 600.2 Complaint Processing

Assess complaint intake, response, investigation, referral, and resolution procedures and standards applicable under normal operating conditions and determine if adjustments are necessary.

- Ensure that the complaint process during emergencies continues to reflect the primacy of the resident's goals, wishes and determination of satisfaction with the resolution, as required by 45 CFR 1324.19(b).
- Ensure consistency of complaint processing practices regarding disclosure of resident or complainant identifying information, as required by 45 CFR 1324.19(b). The program continues to obtain informed consent to the greatest extent possible with consideration of the specific circumstances of this emergency.

The Ombudsman program may be the complainant when there is difficulty accessing resident, for example, or if there are general concerns about care or infection control and similar circumstances. Remind representatives to document all activities (e.g., complaints, information and assistance, community education) using appropriate NORS codes. Document these complaints in your state's software; this includes activities and complaint work conducted by the state Ombudsman.

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Ombudsman Program Authority

The Ombudsman program has authority to access residents and their representatives although during this crisis the method may change.

- 45 CFR 1324.11(e)(2)(iii) Access to the name and contact information of the resident representative, if any, where needed to perform the functions and duties set forth in §§1324.13.
- 1324.19 (e)(2)(vii) Reaffirmation that the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule, 45 CFR part 160 and 45 CFR part 164, subparts A and E, does not preclude release by covered entities of resident private health information or other resident identifying information to the Ombudsman program, including but not limited to residents' medical, social, or other records, a list of resident names and room numbers, or information collected in the course of a State or Federal survey or inspection process.

Review your state's Memorandum of Understanding (MoU) with your state survey and certification agency to ensure that lines of communication are consistent with the MoU. Advocate for the program to be included in any statewide task force and that the program is involved in applicable conference calls, etc.

Legal counsel – ensure that your legal counsel is activated to help if you are having difficulty accessing residents or their representatives and for consultation on complaints and other programmatic issues related to COVID-19.

Facility Emergency Preparedness and Response Requirements

Nursing homes are to have an emergency preparedness plan – see §483.73 - Emergency preparedness.

The LTC facility must comply with all applicable Federal, State and local emergency preparedness requirements. The LTC facility must establish and maintain an emergency preparedness program that meets the requirements of this section. The emergency preparedness program must include, but not be limited to, the following elements:

(a) Emergency plan. The LTC facility must develop and maintain an emergency preparedness plan that must be reviewed and updated at least annually. The plan must do all of the following:

(1) Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach, including missing residents.

(2) Include strategies for addressing emergency events identified by the risk assessment.

(3) Address resident population, including, but not limited to, persons at-risk; the type of services the LTC facility has the ability to provide in an emergency; and continuity of operations, including delegations of authority and succession plans.

(4) Include a process for cooperation and collaboration with local, tribal, regional, State, or Federal emergency preparedness officials' efforts to maintain an integrated response during a disaster or emergency situation.

The policies and procedures require the nursing home to maintain an emergency communication plan that specifically includes contact information for the Office of the State LTC Ombudsman Program. 42 CFR § 483.73(c)(2)(iii).

Resident Rights: 42 CFR § 483.10(f)(4)(i)

(4) The resident has a right to receive visitors of his or her choosing at the time of his or her choosing, subject to the resident's right to deny visitation when applicable, and in a manner that does not impose on the rights of another resident. (i) The facility must provide immediate access to any resident by—

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(C) Any representative of the Office of the State long term care ombudsman, (established under section 712 of the Older Americans Act of 1965, as amended 2016 (42 U.S.C. 3001 et seq.). 42 CFR § 483.10(f)(4)(i)(C).

Again, the method of communication with the resident may not be in a personal visit but this does not mitigate the responsibility of the nursing home to facilitate resident communication (by phone or other format) with the Ombudsman program or any other entity listed in 42 CFR § 483.10(f)(4).

Residential Care Communities

Review your state requirements for emergency preparedness requirements. Reports of assisted living residents and staff with COVID-19 indicate that they will need to prepare and respond.

Resources

Administration for Community Living (ACL) COVID-19 Page

Centers for Disease Control and Prevention (CDC) – Check the CDC website for the most timely, comprehensive information about the national response to the outbreak.

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OAA – Title VII, Elder Justice

Long Term Care Ombudsman (LTCO) (Cont.)

March 16, 2020 – FAQ – Long Term Care Ombudsman (LTCO) Programs

FREQUENTLY ASKED QUESTIONS Long-Term Care Ombudsman Program

March 16, 2020

Note: the word resident includes resident representative, unless otherwise indicated.

What should a program do when a Governor/director limits travel, etc.?

Programs need to follow the declaration of the Governor and agency leadership.

Are we really a visitor since we are considered a health oversight entity under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy?

- Under CMS Guidance Memo Ref: QSO-20-14-NH, March 13, 2020, Ombudsman programs are not on the list of entities with an exception to visit.
- HIPAA addresses privacy around a resident's or patient's facility/clinical record. See AOA-IM-03-01. – Under the Privacy Rule, the LTCOP is a "health oversight agency." Therefore, the Privacy Rule does not preclude release of residents' clinical records to the LTCOP, with or without authorization of the resident or resident's legal representative. Also, since the LTCOP is a "health oversight agency," nursing homes and other "covered entities" may, in response to appropriate Ombudsman inquiries, share other information without fear of violating the Privacy Rule.
- The Privacy Rule standards apply to nursing homes but not to board and care, assisted living and similar facilities unless they are health care providers who transmit information electronically in connection with certain financial and administrative transactions.

In light of the state survey agency guidance to prioritize complaints, with whom can we work with if our survey agency is not involved?

Continue to refer complaints to your state survey agency in accordance with your programs' policies and procedures. The State Survey Agency may prioritize it as a complaint that will not receive immediate attention, but they still need the information.

As a reminder, CMS is prioritizing survey activity in this order (See Ref: QSO-20-12-All):

- a) All immediate jeopardy complaints (cases that represents a situation in which entity noncompliance has placed the health and safety of recipients in its care at risk for serious injury, serious harm, serious impairment or death or harm) and allegations of abuse and neglect.
- b) Complaints alleging infection control concerns, including facilities with potential COVID-19 or other respiratory illnesses.
- c) Statutorily required recertification surveys (Nursing Home, Home Health, Hospice, and ICF/IID facilities).
- d) Re-visits necessary to resolve current enforcement actions.
- e) Initial certifications.
- f) Surveys of facilities/hospitals that have a history of infection control deficiencies at the immediate jeopardy level in the last three years.

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- g) Surveys of facilities/hospitals/dialysis centers that have a history of infection control deficiencies at lower levels than immediate jeopardy.

How can we determine or verify if a resident has a decision maker when we cannot personally visit?

As necessary, you will have to ask the facility staff if they can fax the document or accept the facility's verbal verification until you can physically confirm. Note: the LTC Ombudsman program rule directs the program to "ascertain," it does not say how.

45 CFR 1324.19 (b) (iv) In determining whether to rely upon a resident representative to communicate or make determinations on behalf of the resident related to complaint processing, the Ombudsman or representative of the Office shall ascertain the extent of the authority that has been granted to the resident representative under court order (in the case of a guardian or conservator), by power of attorney or other document by which the resident has granted authority to the representative, or under other applicable State or Federal law.

How shall we obtain written consent to access records?

- Follow your program's policies and procedures, where the resident or resident representative communicates informed consent orally or by using other technology, documenting this consent as it occurs.
- Mail a consent form to the resident, with a pre-addressed, stamped envelope for return; or
- Ask staff if they have time to help by receiving a faxed form that they assist the resident to sign and fax back.

What about disclosure of resident records or other information?

- Follow and reinforce your program's policies and procedures regarding disclosure.
- Obtain verbal consent from the resident and document this consent as it occurs.
- Mail a consent to disclose form to the resident, with a pre-addressed, stamped envelope for return; or
- Ask staff if they have time to help by receiving a faxed form that they assist the resident to sign and fax back.

All communications with residents, complainants, others, via e-mail or other methods are considered Ombudsman program information and disclosure provisions apply. Ensure that your program has technology in place to protect the privacy of e-mail and other correspondence.

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OAA – Title VII, Elder Justice

Long Term Care Ombudsman (LTCO)

April 17, 2020 – FAQ – Long Term Care Ombudsman (LTCO) Programs – CARES Act, Program and Fiscal

LTC OMBUDSMAN PROGRAM-FISCAL AND PROGRAMMATIC FAQS

The Coronavirus Aid, Relief, and Economic Security Act (CARES ACT)

April 17, 2020

These fiscal FAQs are provided in response to the Coronavirus Aid, Relief, and Economic Security (CARES) Act funding, P.L. 116-136, specific to the Long-Term Care Ombudsman program. For general fiscal FAQ's please see [AoA-Fiscal FAQs Updates FINAL 4-8-2020 0](#)

Updates include:

- CARES Act Funding
 - Purpose and use of funding
- Programmatic Questions Related to the CARES Act

Purpose and Use of CARES Act Funding

Funds expended from the CARES Act are to respond to the Coronavirus Emergency by providing Older Americans Act services related to the response. Ombudsman programs must expend funds on allowable Older Americans Act activities as defined by the Older Americans Act and State and local policy.

Related Questions:

1. Will ACL allocate the funds in accordance with the funding formula?

ACL distributes CARES Act funds to States as required by the population-based formula prescribed in the Older Americans Act.

2. What does it mean to obligate the funds and for how long can we utilize the funds?

Funds were appropriated to remain available until September 30, 2021, to prevent, prepare for, and respond to Coronavirus. A State must submit final financial reports and liquidate funds by December 30, 2021.

3. If the major disaster ends, is the CARES Act funding no longer available?

It is prudent to assume that even after the major disaster or public health emergency has concluded there will still be expenses related to the coronavirus response, such as costs associated with in-person visits to residents and purchasing of personal protective equipment, for example.

4. Can the state Ombudsman determine the use of these funds?

Effective use of CARES Act funds requires that the state Ombudsman coordinate closely with the State Unit on Aging and local Ombudsman entities, where applicable, to determine distribution and use of funds.

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The Long-Term Care Ombudsman Program regulation found at 45 CFR 1324.13 (f) Fiscal management affirms, “The Ombudsman shall determine the use of the fiscal resources appropriated or otherwise available for the operation of the Office. Where local Ombudsman entities are designated, the Ombudsman shall approve the allocations of Federal and State funds provided to such entities, subject to applicable Federal and State laws and policies. The Ombudsman shall determine that program budgets and expenditures of the Office and local Ombudsman entities are consistent with laws, policies and procedures governing the Ombudsman program.”

5. In what ways can the Ombudsman program use these funds?

Funds expended from the CARES Act are to respond to the Coronavirus Emergency. Ombudsman programs will seek to expand their virtual presence to residents and their families and continue to promote the health, safety welfare and rights of residents in the context of COVID-19. Funds must be expended on allowable Older Americans Act activities as defined by the Older Americans Act and State and local policy. Below are examples of COVID-19 specific use of funds for consideration; these do not replace existing fiscal requirements.

- Purchase of equipment and associated technologies that will allow for remote work and enhance Ombudsman presence in facilities while they cannot physically visit during to COVID crisis.
- This may include reimbursement of expenses related to remote work; such as
 - purchase of laptops,
 - smart phones,
 - electronic tablets,
 - iPads and
 - similar products including:
 - Software to facilitate video conferencing and virtual meetings;
 - Purchase of hardware and software to develop equipment lending libraries to facilitate resident complaint handling and development of virtual resident and family councils.
- Costs associated with community outreach including, advertising, postage, printing of brochures and similar educational materials.
- Paying for staff extended hours, or hiring of additional staff, including associated personnel costs. Note: this funding is time-limited.
- Training costs related to COVID-19 including additional costs associated with advertising, recruiting, certifying or providing continuing education (both remote and in-person) to current and prospective representatives of the Office.
- Funds for travel once personal visits to facilities resume.
 - Acquiring personal protection equipment and supplies for program use, as appropriate, once in-person visits resume.

Programmatic Questions related to the CARES Act

The CARES Act states: “That the State Long-Term Care Ombudsman shall have continuing direct access (or other access through the use of technology) to residents of long-term care facilities during any portion of the public health emergency relating to coronavirus beginning on the date of enactment of this Act and ending on September 30, 2020, to provide services described in section 712(a)(3)(B) of the OAA:”

1. What does “continuing direct access” mean as described in the CARES Act?

The Older Americans Act at 712(b)(1)(A), provides that Long-Term Care Ombudsmen and their representatives have “private and unimpeded” access to long-term care facilities and residents. Ombudsman programs must consider the

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term “continuing direct access” in the context of a historic pandemic that has limited freedom of movement and rights for all members of society. Ombudsman programs must evaluate how they can provide continuing direct access in light of the following limitations:

- Ombudsman programs are not emergency medical or clinical first responders.
- Many states and localities have instituted “shelter in place” mandates that provide few exceptions for travel.
- State and local governments have ordered staff to work from home.
- Personal risk and health considerations of representatives of the Office.
- CMS guidance – March 13, 2020 Ref: QSO-20-14-NH, provides residents the continued right to access the Ombudsman program. In-person access is restricted, except for very unusual circumstances, such as end of life care.
- CMS visit prioritization – CMS has instructed state survey agencies to limit their work in nursing homes to those of Immediate Jeopardy (IJ) level and targeted infection control. CMS imposed this limitation for the protection of residents and state survey staff.
- Availability and use of Personal Protective Equipment (PPE). This type of equipment is essential for onsite visits to facilities during the COVID crisis. It protects the safety of all within the facility and of everyone with whom a visitor interacts after leaving a facility. However, PPE is currently in very short supply in long-term care facilities. Protection of residents necessitates that facility staff have priority use of this equipment.
- Ombudsman programs are successfully adapting to the crisis and resolving complaints over the phone. . This is a temporary mitigation to keep everyone safe and diminish risk of community spread of COVID-19.
- If a visit must occur consider the following:
 - Pre-determine the circumstances that would genuinely require a visit; and determine if those complaints should go to the survey agency, public health or law enforcement.
 - Policies and procedures for state Ombudsman approval for an in-person visit.
 - Recognition that the facility can still turn the program away and the need for a back-up plan to resolve the complaint without a visit.

2. What are some technology options to stay connected to staff and volunteers?

ACL does not endorse any type of software platform; see resources available on the National Ombudsman Resource Center and The National Council on Aging websites. The National Council on Aging (NCOA) has developed a detailed overview of remote video communication options titled, Tools for Reaching a Remote Audience. NCOA provides pros and cons for each tool, including Facebook Live, Google Hangouts, Zoom and several others. Links to additional information are included in the document. This resource is a convenient first stop for people wanting to connect to each other remotely and also includes information about tools that can be used for meetings and presentations.

3. Will the program have additional reporting requirements?

The CARES Act funds have been issued under a separate grant award number; therefore, funds must be accounted for separately from the regular issuance of Title VII Older Americans Act funding. States are required to continue maintaining appropriate records and documentation to support the charges against the Federal awards. Additional information will be coming out very shortly on programmatic reporting requirements.

It is critical that Ombudsman programs document all activities, cases and complaints in accordance with the National Ombudsman Reporting System (NORS) data collection requirements and that this data is routinely entered into the states’ reporting software. For further guidance on NORS data collection and COVID-19 see

<https://ltombudsman.org/uploads/files/support/nors-faqs-covid.pdf>

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Fiscal

Transfers / Presumptive Waiver Approval for Meals Programs

March 18, 2020 – FAQ – OAA Transfers

COVID-19 – Presumptive Waiver Approval -- <https://acl.gov/sites/default/files/common/SUA%20Directors%2001-2020-Letter%20Only.pdf>

FREQUENTLY ASKED QUESTIONS Older Americans Act Transfers

March 18, 2020

Transfers: C/1-C/2 and B/C

The Older Americans Act allows an SUA to transfer up to 40% of funds received between C-1 and/or C-2 and 30% between C and/or B.

While final transfer requests are due by 8/17/2020, transfer requests can be submitted at any time. We ask that the number of transfer requests per SUA be minimized and consolidated as much as possible since a new Notice of Award (NOA) is issued for every transfer request received. Please see the **transfer request program instruction** and **technical assistance spreadsheet tool** for requesting a transfer. Please note a cover letter on official letterhead is required to be submitted for the request in addition to any excel spreadsheets. Please ensure the request includes a description of the amount to be transferred, the purposes of the transfer, the need for the transfer, and the impact of the transfer on the provision of services from which the funding will be transferred.

Please send the requests to the SUA's assigned fiscal contact with a cc to the Regional Administrator.

States may wish to review the *Older Americans Act Disaster Relief FAQ* issued on March 16, 2020 to determine whether further transfer waiver requests are needed. States may wish to consider their practices and mechanisms depending on options available, i.e. presidentially declared major disaster, additional funding opportunities, etc.

Waiver of C-1/C-2 Transfers

If a waiver under Section 308(b)(4)(b) is required by the SUA for additional transfer authority between C-1 and C-2 -- beyond 40% -- up to an additional 10% may be granted, for a total of 50% transferred. During the current COVID-19 pandemic, the Assistant Secretary for Aging is providing a presumptive waiver for FFY2020 granting an additional 10% transfer authority for C-1/C-2 to all SUAs. While this waiver is approved, administratively, SUAs will need to submit their specific requests to ACL once known. ACL will issue a new NOA reflecting the transfer amounts. We ask the number of transfer requests per State be minimized and consolidated with regular transfer requests as much as possible since a new NOA is issued for every transfer request received.

The documentation of your request for this waiver of an additional 10% between the C programs should be consistent with the provisions in Section 308(b)(4)(C):

1. not more than 1 page in length,
2. request the waiver,
3. specify the amount requested over the 40%, and
4. not request a transfer if the amount would jeopardize the appropriate provision of services

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If known, we encourage States to submit all transfer requests at the same time.

Please send the requests to the SUA's assigned fiscal contact with a cc to the Regional Administrator.

Waiver of B/C Transfers above 30%:

The Assistant Secretary for Aging has the option to waive transfer amounts in *excess of 30%* between Parts B and C per section 316(b)(4) of the OAA. Please send any requests to exceed 30% transfers to the SUA's assigned fiscal contact with a cc to the Regional Administrator. Please ensure the request includes a description of the amount to be transferred, the purposes of the transfer, the need for the transfer, and the impact of the transfer on the provision of services from which the funding will be transferred. Additionally, include why a transfer above 30% is needed.

If known, we encourage States to submit all transfer requests at the same time.

Additional Frequently Asked Questions

The SUA would like to request a waiver above 40% allowed for transfers between for the C1 and C2, but not a specific limit. Is it possible to have approval without a specific additional percentage?

Please see the **SUA Directors Letter #01-2020** issued on March 18, 2020 from the Assistant Secretary for Aging granting presumptive waiver approval. Please provide the final amounts once known.

Can we request a transfer now?

Yes, please submit to the SUA's assigned fiscal contact with a cc to the Regional Administrator. We encourage SUAs to consolidate the number of requests as much as possible since new NOAs are issued for each request.

Under this public health emergency, can we provide C-2 meals for participants who are not considered homebound by reason of illness or disability? Can we assume due to the current emergency (no C-1 meals are available), that we can consider a C-1 participant "homebound" due to risk of illness of COVID-19, therefore we can use C-2 funds for those meals and we can move with transfers up to the 40% and 50%?

Please see the **SUA Directors Letter #01-2020** issued on March 18, 2020 from the Assistant Secretary for Aging granting presumptive waiver approval. Please provide the final amounts once known.

The OAA does not make provisions for when or how home-delivered meal determinations or assessments are conducted. The SUAs/ AAAs have flexibility to make this program decision. (See Senior Nutrition Program FAQ, 3/12/20)

Since the transfer request process is not immediate, would we be able to request a "retro-transfer" after we know the amount that we need to transfer? This would allow typical congregate sites to immediately have access to home-delivery of meals.

Yes, transfers can be issued at a later date up to 50% between C-1 and C-2.

In going up to the 40% transfer, is each PSA limited to a 40% transfer, or is the limit just at the state level (for example, if some PSAs are already at 40%, but others are only at 20%, can the state allow some PSAs to go to 52% or higher, as long as the state amount is no more than 40% without a waiver).

The transfer maximum is for the State as a whole. Therefore, if some PSAs within a State need additional transfers and others less, it is at the State's discretion to approve as long as in total, the state is at or under the maximum transfer percentages.

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Fiscal

Fiscal: Major Disaster Declaration

April 8, 2020 – FAQ – OAA Fiscal FAQ Under a Major Disaster Declaration

Fiscal FAQ: Major disaster declaration

Older Americans Act Fiscal FAQ Under a Major Disaster Declaration

April 8, 2020

Should a State or Tribe (Title VI grantee) request and receive a Major Disaster Declaration (MDD) by the President under the Stafford Act, it triggers [disaster relief authority in the Older Americans Act \(OAA\)](#). Once a MDD request by a State is approved, Section 310(c) permits states to use any portion of the funds made available under sections of the Act for disaster relief for older individuals. In this regard, flexibility is provided for States – without the need for a separate application, transfer request, or request for a waiver -- to use existing allocations already made to them under the Act for disaster relief.

These FAQs are specifically to address the flexibilities provided to States with a MDD.

Timeframes & Definitions of Disaster Relief Services for Older Individuals

ACL considers disaster relief services for older individuals to be any services during the period covered by the State's MDD that are provided to eligible older individuals or family caregivers as defined under the OAA.

States may use any portions of any open OAA grant awards (i.e., FFY 2018, 2019, or 2020) in order to provide disaster relief services. States should communicate with AAAs regarding State expectations for use and reporting of services and funds provided with MDD flexibilities.

Related Questions:

1. What is a regular service vs. a COVID service?
 - Any allowable Older Americans Act service provided to an eligible person under the OAA during this COVID-19 emergency is considered a disaster relief service. See your State's MDD for more information regarding dates.
2. Can we go back to FFY 18 and 19 grants that are still open and exercise the flexibilities under a MDD?
 - Yes. States with a MDD may use any portions of any open OAA grant awards (i.e., FFY 2018, 2019, or 2020) in order to provide disaster relief services.
3. Does the flexibility under the MDD last for the entire FFY?
 - Services provided under the MDD flexibility should be limited to the period of the MDD. However, fiscal reporting (i.e., SF-425) will occur over the usual FFY reporting period. Please also see the recommended order of use of funding under the Fiscal FAQ.
4. Does the flexibility under the MDD apply to NSIP funding too?
 - Yes, but NSIP funds may only be used to purchase domestically produced food products. Additional flexibilities are not available.

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5. Does the flexibility under the MDD apply to Title VII too?
 - Yes, the flexibility exists under Title VII.
6. If the major disaster ends, are FFCRA and CARES Act funding no longer available?
 - Funds were appropriated to remain available until September 30, 2021, to prevent, prepare for, and respond to Coronavirus, therefore. It would be prudent to assume that even after the major disaster or public health emergency has concluded there will still be expenses related to the coronavirus response, such as stocking congregate meal kitchens that were suddenly closed, starting back up transportation for seniors, etc.
7. It sounds like the total funding needs to stay within the originating authorization (i.e. regular T-III, FFCRA and CARES), but within each originating authorization the AAA can move funds around as needed. Is that correct?
 - Yes, expenditures of funds must be reported separately for each grant award. Once a Presidentially Declared Major Disaster is approved, an SUA may expend funds from any source within the grant award, but should be mindful to track the source of expenditures.
8. Do flexibilities in “bucketing” funds extend to regular OAA FFY2018, 2019 and 2020 Title III grants?
 - Yes, however please see order of use of funding for additional guidance.
9. Are FFCRA and CARES Act funds available for “bucketing”?
 - Yes, FFCRA and CARES Act funds are available with maximum flexibility when a major disaster declaration has been approved during the incident period as defined in the declaration.
10. Are transfers required to “bucket” funding?
 - States do not have to make transfers once a major disaster declaration has been approved. States have the ability to designate funds as “disaster relief” and spend them in response to the identified needs out of any Part of the Act, and can include FFCRA and CARES Act funding.

Match

For states exercising flexibility with Title III funding under a MDD, the following match requirements apply:

- States can pool match between all services
 - Example: Title III-E service funds have a match requirement of 25%. A State may use overmatch provided for in C-2 Home Delivered Meals, to meet the match requirement during this MDD.
- States may use Service match to meet State Plan and Area Plan Administration match requirements
 - State Plan and Area Plan Administration have a match requirement of 25%. Overmatch from services may be used to meet this match requirement.
 - Additionally, a State may pool the use of overmatch in Regular Title III grants to meet State Plan and Area Plan Administrative match requirements for FFCRA and CARES Act.

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- Example: A State took State Plan Administration in the FFCRA funding, and the State had overmatched Title III C-2, Home Delivered Meals. The State may use that overmatch to meet the State Plan Administration match in FFCRA.
- States should report match as they usually would in the SF-425. Please make a note in Box 12 of the SF-425 report when match is pooled.

Related Questions:

1. Can prior year funding be used for the Major Disaster Declaration and can funds be bucketed? If so, how does this affect match requirements?
 - Yes, States with a MDD may use any portions of any open OAA grant awards (i.e., FFY 2018, 2019, or 2020) in order to provide disaster relief services. In terms of “bucketing” funds, States can use any portion of the funds made available under the OAA for disaster relief for older individuals. For example, a State may use Title III-E funding to provide home delivered meals to older adults that would normally be funded under Title III-C-2. In terms of match requirements, States are still required to meet overall match amounts, but they may be pooled.

Program Income

Program income may be used to expand any OAA service for the duration of the MDD. Program income must be reported under the grant award number in which expenditures were made.

Related Questions:

1. Can program income collected be “bucketed” for use on any program?
 - Yes, with a major disaster declaration funding during the time period may be expended on OAA allowed activities.
2. How should program income be reported when we are collecting and expending funds out of multiple finding sources?
 - Program income must be reported on financial reports under the grant award number in which funds were expended for the service. i.e. Title III E funds are paying for home delivered meals which would typically be paid out of C-2, the program income should still be reported under Title III E and not C-2.

Fiscal Reporting

For purposes of reporting on the SF-425, States should be prepared to report as follows:

- States will continue to use the SF-425 and the Title III Supplemental form to the SF-425 to report OAA Title III expenditures, including if a State exercises flexibilities under a MDD.
- States must separately track and report other sources of funding, including supplemental funding under the FFCRA and CARES Act.
- Further guidance will be provided regarding programmatic reporting for States exercising flexibility with Title III funding under a MDD. States should be prepared to track the number of persons served, units provided, and related expenditures.

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Fiscal

COVID-19 Emergency

April 8, 2020 – Fiscal FAQ – OAA Funding, Families First Coronavirus Response Act (FFCRA), CARES Act, and Older Americans Act Reauthorization of 2020 Updates

FISCAL FAQ – COVID-19 EMERGENCY

Older Americans Act Funding, Families First Coronavirus Response Act (FFCRA), CARES Act, and Older Americans Act Reauthorization of 2020 Updates

April 8, 2020

These fiscal FAQs were originally provided in response to questions received by the ACL on the supplemental funding provided by the Families First Coronavirus Response Act (FFCRA) for Congregate Meals (CMC2) and Home Delivered Meals (HDC2). Additionally, these FAQs have been updated to include:

- Coronavirus Aid, Relief, and Economic Security (CARES) Act funding, P.L. 116-136
- Older Americans Act (OAA) Reauthorization of 2020 signed into law March 25, 2020, P.L. 116-131.

Updates include:

- CARES Act Funding
 - Purpose of funding
 - 100% transfer authority within C-1/C-2 for Regular OAA Title III, FFCRA, and CARES Act funding (see Transfers)
- OAA Reauthorization of 2020
 - State Plan Administration increased maximum to 5% or \$750,000 (see State Plan and Area Plan Administration)
 - Removal of 10% cap on Grandparents Raising Grandchildren
- General Updates/clarification
 - Inclusion of Territory State Plan Administration maximums (see State Plan and Area Plan Administration)
 - Fiscal Reporting Requirements
 - NSIP Hold Harmless Meal Counts for FFY 2020 and 2021 (see Fiscal Reporting Requirements)
 - Additional questions and responses (See Related Questions under each heading)
 - No Cost Extensions, Liquidation Extension, and Order of Use of Funding
 - Waiver of Prior Approval for Pre-Award Costs

Purpose of FFCRA and CARES Act Funding

Funds expended from the FFCRA and the CARES Act are to respond to the Coronavirus Emergency by providing Older Americans Act services related to the response. Funds must be expended on allowable Older Americans Act activities as defined by the Older Americans Act and State and local policy.

Related Questions:

1. Will nutrition funds (C1/C2) from the 3rd stimulus (i.e., the CARES Act) be awarded as an amended NOA, or will it be a new grant award number?

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- A new grant award number will be issued for the CARES Act supplemental funds. Funds should be accounted for, tracked, and reported separately.
- 2. If the major disaster ends, are FFCRA and CARES Act funding no longer available?
 - Funds were appropriated to remain available until September 30, 2021, to prevent, prepare for, and respond to Coronavirus. It would be prudent to assume that even after the major disaster or public health emergency has concluded there will still be expenses related to the coronavirus response, such as stocking congregate meal kitchens that were suddenly closed, starting back up transportation for seniors, etc.

State Plan and Area Plan Administration

State Plan and Area Plan administration expenditures are allowable with FFCRA and the CARES Act supplemental funding. To determine allowable amounts for State Plan and Area Plan administration, calculate the cumulative total between the regular Title III grants, the FFCRA, and the CARES Act.

Please note the following allowable amounts:

- State Plan: 5% or \$750,000 (Older Americans Act as Reauthorized in 2020)
 - Calculated as:
 - 5% of the cumulative total of all of the regular Title III grants (i.e. 2001XXOASS/CM/HD/PH/FC) plus the FFCRA supplemental grants (i.e. 2001XXHDC2/CMC2) plus the CARES Act supplemental grants (i.e. 2001XXHDC3)
 - OR
 - \$750,000 for States or \$100,000 for Guam, American Samoa, Virgin Islands, Northern Mariana Islands
 - Allowable funding may be calculated as indicated above; however, State Plan administrative funds may be expended from any part or parts of the regular Title III grants and/or the FFCRA and/or CARES Act supplemental grants
- Area Plan Administration: 10%
 - Calculated as 10% of the cumulative total of all of the regular Title III grants (i.e. 2001XXOASS/CM/HD/PH/FC) plus the FFCRA supplemental grants (i.e. 2001XXHDC2/CMC2) plus the CARES Act supplemental grants (i.e. 2001XXHDC3)
 - Funding may be calculated as indicated above; however, funds for Area Plan administration may be expended from any part or parts of the regular Title III grants (**except for Part D**) and/or the FFCRA and CARES Act supplemental grants
- State Plan and Area Plan Administration require a 25% match, see more in the Match Requirements section below

Related Questions:

1. Does #4 of the Terms and Conditions mean that expenditures for administration are allowed?
 - Yes, State Plan and Area Plan Administration are allowed expenses.
2. Do these grants allow for State and Area Plan administration expenditures?
 - Yes, State Plan and Area Plan Administration are allowed expenses.
3. Will these additional funds impact the State and Area Plan administration amounts? Are they added to the state's total allocation?
 - Yes, the funds can add to the State and Area Plan administration allowed maximums. The maximums are calculated as the cumulative total of all of the regular Title III grants (i.e.

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2001XXOASS/CM/HD/PH/FC) plus the FFCRA supplemental grants (i.e.2001XXHDC2/CMC2) plus the CARES Act supplemental grants (i.e. 2001XXHDC3)

4. Must 10% Area Plan Administration be met in order to charge for program development and coordinated activities to Supplemental Services.
 - Yes, Area Plan Administration of 10% from regular Title III grants (i.e. 2001XXOASS/CM/HD/PH/FC) plus the FFCRA supplemental grants (i.e.2001XXHDC2/CMC2) plus the CARES Act supplemental grants (i.e. 2001XXHDC3) must be met prior to program development and coordinated activities being charged to supplemental services.

Match Requirements

Service Match (Congregate and Home Delivered Meals) is not required for the FFCRA or CARES Act supplemental grants; i.e. 15% service match and 1/3 of 15% State Match for Services. However, if taken, State Plan and Area Plan administration match is required at the normal 25% match rate.

Please see the Major Disaster Declaration (MDD) Fiscal FAQ for more information on match requirements that apply to States exercising maximum flexibility under a MDD.

Related Questions:

1. Is there a required match on the new FFCRA (C-1 and C-2) funding that we received on 3/23/2020? From what I can see on the Grant Award - #5 in the Terms and Conditions indicates there is no match requirement.
 - There is no required service match, i.e. 15% service match and 1/3 of 15% State Match for services for the FFCRA or CARES Act funding.
2. Terms and Conditions state, “4. Federal participation cannot exceed 75% of the total State and Area plan administration costs. The remaining 25% represents the State and local matching share.” What does this mean?
 - State and local matching share is the required amount of funds (match) required towards State and Area Plan administration expenditures. That percentage of the match can be met by Cash or In-Kind by State or Local sources.
3. Do we need to do a waiver request for matching?
 - Match is waived for the 15% service funding, match is not waived for State Plan or Area Plan administration.
4. Will there be a required match on the new CARES Act funding?
 - The same match requirements will apply to the CARES Act funding as to the FFCRA funding.
5. Please clarify the match piece for [Expediting Expenditures at the State level in Responding to the COVID-19 Emergency](#)? If the SUA uses funds for direct expenditures, are we required to contribute match? If the SUA uses state plan – regular OAA admin dollars at the service expenditure match rate but not for the new COVID funds?
 - SUA is using State Plan administrative funding, up to allowable levels, for service expenditures:
 - i. Regular Title III Grant: Service match is required at the normal match rate
 - ii. FFCRA and CARES Act Funding: Service match is waived and therefore not required
 - SUA is using up to 5% of funding for the SUA’s use in making direct expenditures and/or acting to procure items on a statewide level:
 - i. Regular Title III Grant: Service match is required at the normal match rate
 - ii. FFCRA and CARES Act Funding: Service match is waived and therefore not required

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Transfers

Transfers for up to 100% are approved within Regular OAA, FFCRA, and the CARES Act supplemental grants C-1, Congregate Meal Program and C-2, Home Delivered Meal Program. Transfers must occur within the same grant grouping, i.e. FFCRA transfers must occur within the FFCRA grants.

Transfers within Title III-B and Title III-C funding are authorized up to 30% within B, Supportive Services and/or the Nutrition Programs C-1, Congregate Meal Program and C-2, Home Delivered Meal Program. A waiver can be requested by the SUA to the Assistant Secretary for Aging to exceed the 30% transfer authority limit up to 100%. Transfers must occur within the same grant grouping, i.e. FFCRA transfers must occur within the FFCRA grants.

While final transfer requests are due by 8/17/2020, transfer requests can be submitted at any time to ACL within the grant's funding year. For example, FFY 2020 grants (with grant numbers start with "20xxxxxxx", transfer requests must be submitted before 9/20/2020, 10 days before end of FFY 2020. We ask that the number of transfer requests per SUA be minimized and consolidated as much as possible since a new Notice of Award (NOA) is issued for every transfer request received. Please see the [transfer request program instruction](#) and [technical assistance spreadsheet tool](#) for requesting a transfer. Please note a cover letter on official letterhead is required to be submitted for the request in addition to any spreadsheets. Please ensure the request includes a description of the amount to be transferred, the purposes of the transfer, the need for the transfer, and the impact of the transfer on the provision of services from which the funding will be transferred. Transfer requests by States should be submitted for processing to your [fiscal contact](#) with a cc to your [Regional Administrator](#).

Please see the Major Disaster Declaration (MDD) Fiscal FAQ for more information on the flexibility allowed under a MDD, please note a transfer may not be required.

Related Questions:

11. Are we allowed to move funds from our FFCRA supplemental grant for C1, congregated meals, to C2, home delivered meals?
 - Yes, transfers up to 100% are authorized within C-1/C-2 for regular OAA, FFCRA, and CARES Act funding. Transfers must occur within the same grant grouping, i.e. FFCRA transfers must occur within the FFCRA grants.
12. Can the State request an additional transfer of funds for the federal fiscal year ending FFY 2019 Title III funds?
 - Unfortunately, we are unable to process transfer requests on grant awards issued in prior years.
13. Will an AAA be able to transfer more than 50% from CMC2 to HDC2?
 - The CARES Act increased the transfer authority to 100% within C-1, Congregate Meals and C-2, Home Delivered Meals, this includes funds issued under Regular OAA, FFCRA, and CARES Act funding. Transfers must occur within the same grant grouping, i.e. FFCRA transfers must occur within the FFCRA grants.
14. Do AAAs need prior approval from the SUA to transfer funds from C-1/C-2 under FFCRA or CARES Act awards?
 - While prior approval is not required, an AAA still needs to report transfers to the SUA to move funding on the grant award, since funds are issued under separate grant award numbers. SUAs should communicate their processes for reporting and reimbursement purposes.
15. Can funds be transferred within Title III C and Title III B for FFCRA, the CARES Act and Regular OAA Title III?
 - Yes, a transfer can be made up to 30% within Titles III-B and III-C of OAA. If a SUA wishes to exceed a 30% transfer, prior approval is required by the Assistant Secretary for Aging, approval can be granted up to 100%. Transfers must occur within the same grant grouping, i.e. FFCRA transfers must occur within the FFCRA grants.

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Fiscal Reporting Requirements

FFCRA and CARES Act funds are issued under a separate grant award number; therefore, funds must be accounted for separately from the regular issuance of Title III Older Americans Act funding. A separate supplemental form will be required for financial report submissions. States are required to continue maintaining appropriate records and documentation to support the charges against the Federal awards. Additional information will be coming out very shortly on programmatic reporting requirements. At a minimum and where possible, States should be recording the number of clients to whom service is provided, the name or category of services provided, the number of units of service provided, and the expenditures related to providing such services.

All State Unit on Aging grantees were provided an extension until July 30, 2020 for financial reporting (SF425 and/or FCTR) for reports regularly due April 30, 2020 for the reporting period ending March 31, 2020. The extension applies for all FFY 2018, 2019, and 2020 Title III, Title VII, and NSIP grants. Please note the reports still must be submitted for the reporting period ending March 31, 2020 no later than July 30, 2020. For the FFY 2018 and 2019 reports, they should be submitted to your State's fiscal contact with a cc to your Regional Administrator. The FFY 2020 grant should be submitted through the Payment Management System (PMS) starting this reporting period, the Title III Supplemental SF425 form should be attached in the PMS.

Additionally, the COVID-19 crisis is expected to completely skew traditional meal service and meal counts. As a result, ACL is holding harmless meal counts from 2019 and will apply them to 2020 and 2021 NSIP allocations. This will alleviate the need to count COVID-19 meals for purposes of NSIP.

Related Questions:

1. Are these two grants under the same umbrella of the other Title III grants (2001XXOACM, 2001XXOAH, 2001XXOAF, 2001XXOAS, and 2001XXOAP) and get reported within the same SF-425 group? Or, are they stand-alone grants such as grant 90EJSG00XXXX or 90MMPG00XXXX and get reported completely separate from Title III?
 - For financial reporting purposes, the Families First Coronavirus Response Act (FFCRA) supplemental grants should be accounted for separately from the normal Title III Older Americans Act grants.
 - For financial reporting purposes, CARES Act supplemental grants should be accounted for separately from the normal Title III Older Americans Act grants.
2. Are there any special tracking requirements or restrictions on using these funds (re: FFCRA funds)?
 - For financial reporting and accounting purposes States should track these funds separately from the Title III Older Americans Act grants. Additionally, please see Purpose of FFCRA and Cares Act Funding above.
3. Will these grants have their own FFR and supplemental form separate from the current 2020 Congregate Meals and Home Delivered Meals grants?
 - Yes, these grants will have their own separate FFR and supplemental form requirements.
4. Are there special FFR and supplemental forms for use that are specific to these two grants?
 - The same supplemental form will be used as with the other Title III Older Americans Act grant; there may be sections of the supplemental form that cannot be completed.
5. Do program income rules still apply with FFCRA, would need to spend the program income generated on the FFCRA funds first prior to drawing the FFCRA funds. Since FFCRA funds are separate from OAA funds, is program income required to be accounted for separately too?
 - Per 45CFR75, program income must be expended prior to drawing additional federal funds. Additionally, FFCRA, the CARES Act, and the regular Title III funding should be accounted for and reported separately, which includes program income.

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Distribution of Funding

After any funds have been distributed to expedite COVID-19 emergency response as outlined in the [Expediting Expenditures at the State Level in Responding to the COVID-19 Emergency](#), the State Agency must distribute this FFCRA and CARES Act supplemental funding based on the Intrastate Funding Formula (IFF) approved by the Assistant Secretary for Aging. Funds required to be distributed via the IFF may not be held at the State level.

Related Questions:

1. We received the NOA for the Families First Coronavirus funding. I was hoping you could provide any additional information on how the funds are to be expended and paid out to providers?
 - After any funds have been distributed to expedite COVID-19 emergency response as described in the [Expediting Expenditures at the State Level in Responding to the COVID-19 Emergency](#), funds must then be distributed based on the State's approved Intrastate Funding Formula.
2. For FFCRA, I see now the first one was for C1 and I received another for C2. Is that all they can be used for?
 - Funds may be transferred 100% within C1/C2. Additional flexibilities are available if a Major Disaster Declaration is approved for your State, please also reference the [Older Americans Disaster Relief](#) FAQ.
3. I am assuming the administration allocation would follow distribution after the base since the base was exhausted in the initial Title III allocation. Is that correct?
 - States should follow their approved Intrastate Funding Formula.
 - The Families First Coronavirus Response Act (FFCRA) funding is in addition to Title III Older Americans Act Funding where the base for distributions may have already been allocated.
 - The CARES Act funding is in addition to Title III Older Americans Act Funding where the base for distributions may have already been allocated.
4. The SUA purchased shelf stable meals to distribute to seniors identified by the SUA as high risk, can the SUA be reimbursed for the costs of the food purchased?
 - Please see FAQ document [Expediting Expenditures at the State Level in Responding to the COVID-19 Emergency](#).
5. The SUA purchased in bulk shelf stable meals for AAAs that requested the purchase. Can the SUA be reimbursed for the cost of purchase?
 - Please see FAQ document [Expediting Expenditures at the State Level in Responding to the COVID-19 Emergency](#).
6. The SUA purchased a truck of food to box up and distribute to seniors identified by the AAA, can the SUA be reimbursed for the cost of purchase?
 - Please see FAQ document [Expediting Expenditures at the State Level in Responding to the COVID-19 Emergency](#).
7. Can you explain what, if any, process is for not allocating the new COVID-19 funds (specifically Title III-E) through the AAAs? A process was alluded to on the ACL-ADvancing States call and we would like to know more.
 - Please see FAQ document [Expediting Expenditures at the State Level in Responding to the COVID-19 Emergency](#).

No-Cost-Extensions, Liquidation Extensions, and Order of Use of Funding

All SUAs have been provided a no-cost-extension for the FFY 2019 Title III, Title VII, and NSIP grants. The project period end dates have been extended to September 30, 2021 with final reporting due December 30, 2021. A new Notice of Award (NOA) will be provided to SUAs who have not fully expended their grants in the July 2020 timeframe with the updated project period end date. SUAs who receive the no-cost-extensions will be required to submit semi-annual reports until a final report is submitted.

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All SUAs that have FFY2018 Title III, Title VII, and NSIP grants will be provided a liquidation extension for an additional year to December 30, 2021. Please note funds must have been obligated by September 30, 2018 to be available for expenditure and liquidation. A new NOA will not be provided with this updated liquidation period, however late requests for liquidation will be approved. Final liquidations and SF425 report are due December 30, 2021.

Because FFCRA & CARES Act funding is specifically appropriated for COVID-19 response, we encourage the use of funding in the following order:

1. Families First Coronavirus Response Act (FFCRA) funding;
2. CARES Act funding;
3. "Regular" OAA Title III grant funds, starting with the oldest funds available first;
 - a. FFY 2018
 - b. FFY 2019
 - c. FFY 2020

Because the SUAs and networks have been impacted by COVID-19, ACL has waived prior approval requirements for pre-award costs incurred from January 20, 2020 to the effective date of the Federal Awards for the FFCRA and CARES Act funds.

Additionally, States need to consider match requirements, Maintenance of Effort, and LTCO minimum expenditure levels when determining use and order of funding.

Related Questions:

1. What is the process to request a no-cost-extension for the FFY 2019 Title III, Title VII, and NSIP grants?
 - Approval is given to all SUAs for FFY 2019 Title III, Title VII, and NSIP grants until 9/30/2021, final reports will be due 12/30/2021.
2. What is the process to request a liquidation extension for the FFY 2018 Title III, Title VII, and NSIP grants?
 - No request is required, the liquidation period is being extended until 12/30/2021. When a State draws funds after 12/30/2020 an error will occur in the Payment Management System (PMS), however, draws will be approved by ACL until 12/30/2021.
3. Our State had expenditures related to COVID related activities that occurred prior to the project period start date on the FFCRA and CARES Act funding, can those costs be allocated to these grants?
 - Because the SUAs and networks have been impacted by COVID-19, ACL has waived prior approval requirements for pre-award costs incurred from January 20, 2020 to the effective date of the Federal Awards for the FFCRA and CARES Act funds.
4. Can providers still use their standard award dollars if the emergency funding runs out? Can the funds be used simultaneously?
 - States can set policy on how emergency funding is to be expended on the Coronavirus emergency as well as the order in which funds may be expended. The ACL recommends the order of expending funding be FFCRA, CARES Act, then Regular OAA funds 2018, 2019 and 2020.

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Fiscal

COVID-19 State Flexibility/Expediting Expenditures at State Level

April 8, 2020 – Info Sheet – Expediting Expenditures

EXPEDITING EXPENDITURES AT THE STATE LEVEL IN RESPONDING TO THE COVID-19 EMERGENCY

April 6, 2020

On Friday, March 13, 2020, the President declared that the ongoing Coronavirus Disease 2019 (COVID-19) pandemic is of sufficient severity and magnitude to warrant an Emergency determination under section 501(b) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5121-5207 (the “Stafford Act”), and that the emergency exists nationwide (see declaration). In addition, as the President stated in the Emergency Declaration, requests for a declaration of a “Major Disaster” as set forth in section 401(a) of the Stafford Act may be appropriate and encouraged governors and tribal leaders to consider requesting such a declaration through their FEMA regional administrator.

The Administration for Community Living (ACL) recognizes that in this COVID-19 pandemic, statewide procurement or other direct expenditures by the State Unit on Aging (SUA) may be critical to meeting the mission of the Older Americans Act (OAA). ACL is providing information on options available to states to expedite expenditures of OAA Title III, Families First Coronavirus Response Act, and CARES Act funds. These options include:

- The SUA may negotiate a contract on the state level that allows for individual Area Agencies on Aging (AAAs) or service providers to make purchases on a local level. The SUA also may procure items on a statewide level and permit AAAs the option of whether or not to receive items through the SUA’s procurement, and OAA funding is allocated through the approved Intrastate Funding Formula (IFF). The SUA may use various methods for reimbursement by the AAA to the SUA (for example, having the AAA reduce its claim or reimbursement request amount by the AAA’s share of the statewide procurement).
- The SUA may use State Plan administrative funding, up to allowable levels, for service expenditures. The SUA is not required to adhere to the approved IFF for such expenditures. Due to the unprecedented nature and magnitude of this COVID-19 pandemic, for allowable services under the OAA, states may treat such expenditures as service expenditures for purposes of calculating the required match. The SUA should ensure reporting of any clients, units, and services provided through such expenditures.
- Due to the unprecedented nature and magnitude of this COVID-19 pandemic, prior to distributing funding through the required IFF, the SUA may subtract up to 5% of funding under the OAA, Families First Coronavirus Response Act (FFCRA), and/or Coronavirus Aid, Relief, and Economic Security (CARES) Act for the SUA’s use in making direct expenditures and/or acting to procure items on a statewide level. The SUA may exercise this flexibility if it adheres to the following:
 - The SUA judges that provision of services/procurement of supplies by the SUA is necessary to ensure an adequate supply of such services and/or that such services can be provided/supplies procured more economically, and with comparable quality, by the SUA;
 - The SUA consults with AAAs prior to exercising the flexibility;
 - The SUA uses such set aside funding for services provided through AAAs and other aging network partners to the extent reasonably practicable, in the judgment of the SUA and
 - The SUA ensures reporting of any clients, units, and services provided through such expenditures.

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For example, a SUA could use such set aside funding to make awards to portions of a state that may be more severely impacted by COVID-19 or to directly purchase services and supplies.

We encourage states to work through their ACL Regional Administrators to request any additional clarification.

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Meeting Q & A

Q & A with State Unit on Aging Directors, Hosted by Advancing States, 3/23/20

March 27, 2020 – Q and A – ACL and SUA Directors Call with Advancing States 3/23/20

FREQUENTLY ASKED QUESTIONS BASED ON CALL WITH ACL AND STATE UNIT ON AGING DIRECTORS HOSTED BY ADVANCING STATES ON MARCH 23, 2020 *Various Topics Issued March 27, 2020*

ACL provided these FAQs after a call with State Unit on Aging Directors hosted by Advancing States on Monday, March 23, 2020.

State Plan Due Date Extensions/Suspending Project Work

Can ACL postpone the deadlines for the current states that need to submit their state plans on aging for at least 6 months? The state staff are so overwhelmed with dealing with the COVID crisis that they do not have time to work to complete the state plans and they also can't gather groups to review their drafts. Any flexibility would be appreciated.

Fifteen States have state plans due this year. Of the fifteen, three have state plans that were approved for a two or three year cycle. Those three States are encouraged to send a letter to their ACL Regional Administrator (RA) requesting an extension of their State Plan for an additional year. ACL will provide a written response approving the extension request.

For the other twelve States, ACL does not have statutory authority to extend a state plan time period beyond four years. At this time, ACL will extend the due date **from July 1, 2020 to September 15, 2020** (with a draft due to your RA by August 17, 2020). Additionally, ACL will continue to communicate with States regarding any additional flexibilities that may become available.

Related Questions:

Is it okay to have virtual public hearings or town halls for COVID-19 reasons since they can't be held in person?

Yes.

Can states suspend all other project work — including person centered project grants, etc. so that they can focus on the emergency at hand? They don't have enough staff to cover the emergency and daily operations. We also have too many staff being pulled to answer phone calls from concerned citizens.

ACL wants to reduce States' burden by waiving requirements and extending due dates where possible. States should contact project officers and RAs regarding specific requests.

Essential Services

Is it possible to have a statement from ACL that OAA and ADRC services are "essential services?"

The designation of "essential services" is a state or local designation. ACL urges State Units on Aging (SUA) to review their aging network responsibilities and structures, and make such determinations in coordination with their state emergency management agencies.

ACL is aware of SUAs that have issued guidance confirming that the aging network's provision of home delivered meals and in-home services are considered "essential services." For more information and examples of SUAs that have issued such guidance, contact your RA.

Related Questions:

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If county or tribal governments that provide these services “shut down” all operations, is there a minimum level of service that must be provided? How do states handle this situation if AAAs and providers shut down their entire operation? Has this happened in other states?

The specifics of program operations is a State and local issue. Due to the variation in OAA program administration and service delivery across the country, ACL urges SUAs to communicate expectations and requirements to AAAs and providers. ACL encourages SUAs to reference their State and AAA emergency plans for guidance.

What if the County, AAA, Provider or Tribal emergency preparedness plans do not currently address pandemic-level specificity, or a “stop-all operations” scenario?

ACL encourages communication with the respective SUA & County/Tribal or State Emergency Management Agency prior to making a final decision to stop all operations. These entities might be able to help problem solve and continue operations, or at least alert others to the looming gap.

Emergency Funds and Relief

Please provide clarification around processes for states to access emergency funds and relief.

Section 310 of the OAA authorizes additional funding and flexibility for disaster relief only when a “major disaster [has been] declared by the President in accordance with the Robert T. Stafford Relief and Emergency Assistance Act”

In one of our FAQs, ACL included a link to the FEMA website that explains the Stafford Act Declaration Process. This FEMA link contains the following information:

The Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. §§ 5121-5207 (the Stafford Act) §401 states in part that: "All requests for a declaration by the President that a major disaster exists shall be made by the Governor of the affected State."

A Major Disaster declaration is something that your Governor requests via an application process through FEMA, and the President approves/declares. This is the process states have taken when requesting federal assistance for disasters such as hurricanes, wildfires, blizzards, tornadoes, and flooding.

The FAQs at acl.gov/COVID-19 have been updated to include the FEMA links where you can check to see if your state received a Major Disaster declaration and has a link for the templates, tools and forms that your Governor uses to request a Major Disaster Declaration.

Reporting Requirements

How do states track things related to what they are doing for COVID-19 (i.e., expenditures, service plan changes, increased request in Information and Referral (I&R))?

The Families First Coronavirus Response Act funds were issued under a separate grant award number; therefore, funds must be accounted for separately from the regular issuance of Title III Older Americans Act funding. A separate supplemental form will be required for financial report submissions. States are required to continue maintaining appropriate records and documentation to support the charges against the Federal awards. Additional information will be coming out shortly on programmatic reporting requirements. At a minimum and where possible, states should be recording the number of clients to whom service is provided, the name or category of services provided, the number of units of service provided, and the expenditures related to providing such services.

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Related Questions:

With regard to the certification of NAPIS numbers for FFY 2019 is it possible to have an extension?

Given the recent COVID-19 pandemic, ACL's Office of Performance and Evaluation (OPE) is granting a 45-day extension to submit the SPR. The postponement means the full SPR report is due Monday, May 18, 2020. As the situation regarding COVID-19 is fluid, we will continue to be in touch with you in case additional changes to processes and timelines are needed.

At this point, all states have submitted meal counts and ACL is in the last stage of finalizing those numbers. OPE recently sent out e-mails requesting confirmation of numbers that were flagged through our multi-step review process. Thank you to those of you who were able to respond. For those who have not, we understand that these are unprecedented times. No additional response is needed and we will accept all meal count numbers that you have submitted to date as final. A few of you have contacted ACL staff and made arrangements to make updates. If any state has concerns, please email jennifer.tillery@acl.hhs.gov as soon as possible. In order for the grants office to calculate NSIP Grant Award distributions, OPE has been asked to provide final meal counts.

RAs are asking states to "send emergency information to their Regional Administrators on an ongoing basis". Since everything is an emergency right now, states are asking for additional clarifying information about what ACL needs from them and the frequency.

To maintain communications and situational awareness, ACL would appreciate it if states could add their RA to distribution lists, or otherwise include their RA on guidance or communications that are going out to the aging network and/or AAAs in a state. ACL is NOT asking States to use any sort of template or submit any other types of reports at this time. ACL is simply requesting that if you are sending out mass communications to AAAs and/or your aging network that you also include your RA.

Information and Referrals

Is there any assistance or guidance with significant increases in volume at I&R resource centers?

ACL currently funds the National I&R Support Center. The National I&R Support Center provides technical assistance and training to the aging and disability I&R network. The Support Center is operated by ADvancing States and has been fielding questions regarding the Coronavirus.

In addition, the Alliance for Information & Referral Systems (AIRS) has established a COVID-19 website that is providing information and resources to I&R professionals.

Further, we have heard that additional funding may be forthcoming that is specifically targeted to III-B. In the meantime, States are free to reallocate funding in III-B to address the uptick in I&R requests.

Nutrition

Can states increase significantly the number of home-delivered meals that are being delivered to seniors? There is significant concern about the frail elderly who are relying on the one meal they receive 5 days a week. What can ACL do to get that increased and eliminate the waiting lists at a time when we are telling seniors to shelter in place? More seniors will venture out because of hunger if we do not solve this issue. Additionally, we will see more health issues as a result and more people institutionalized just for food.

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Yes. The OAA does not address specific implementation issues. There is no restriction on use of OAA funds for serving more than one meal per day. It is the responsibility of the States to develop regulations, policies, procedures, guidance and technical assistance to address program administration.

Additionally, ACL anticipates that States and Tribes will use the \$250 million in funding for Senior Nutrition Programs from the Families First Coronavirus Response Act to significantly expand home delivered and other meals programming. States and Tribes may use this funding to address waiting lists, expand the number of people receiving home delivered meals (including those that previously participated in congregate meals), and provide additional meals per day or week.

Other options may include food shopping & delivery that could be achieved through Title III-B funding.

Related Questions:

What are the guidelines for well-being checks for home-delivered meals? Some programs want to move to a bulk “drop” of meals or leave a meal at the door without seeing the person, which presents some food safety and overall safety concerns for our most vulnerable. Along the same lines, if congregate meal participants are transitioned to home-delivered meals, are the same well-being checks required for everyone? Or could programs target those most at risk?

Yes. The OAA does not address specific implementation issues such as well-being checks. States have the flexibility and responsibility to develop regulations, policies, procedures, guidance and technical assistance to address program administration. In exercising such flexibility, State are free to address any of the issues raised in this question.

Social Isolation

How is the network prepared to help seniors who are socially isolating for months? How are we preparing to assist seniors in nursing homes who will not have visitors for months? What are the technology resources and other creative solutions?

There are many resources including online evidence-based programs, technologies, phone-based peer supports, etc. that are being used across the network to address social isolation. ACL is working to synthesize these across the programs and CBOs offering them and will be disseminating them broadly through relevant TA Resource Centers, webinars and websites with the intent of rapidly replicating successful approaches. We’re also collaborating with other federal partners.

We have learned of a NY State policy of requiring nursing homes to enable Skype and other types of communication technologies during a period of no visitation. This could also be replicated by other states. Below is a sample of other promising technology resources the network could consider:

- Project Echo in Wyoming (State AT program and UCEDD) uses a Zoom platform to communicate with clinicians, school systems, and has partnered with their State Medicaid Agency to provide Zoom licenses to State Medicaid Agency providers to enable the providers to use the Zoom platform to engage with Medicaid recipients.
- LeadingAge is developing a recorded webcast on this topic. They also maintain a vetted matrix of social connectedness technologies that will be disseminated to the network.
- NCOA has conducted a webcast on Evidence Based Programs to receive guidance on permissible ways to offer content remotely or provide other resources to address chronic disease, falls prevention and social isolation
- iPhone Facetime and Skype technologies are being used widely to enable residents and families to visit in real time.

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- Pennsylvania has developed a “Virtual Visits of Cheer and Support Facebook Page” -- See NORC website for more information & ideas
- Maine Health Care Assoc. has started “Notes for Seniors” to encourage children who are home from school to take time to write notes, upload a drawing, or send a short video to residents in nursing homes and assisted living facilities.
- The National Certification Council for Activity Professionals has a COVID-19 webpage full of ideas to prevent isolation.

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Meeting Q & A

Q & A with State Unit on Aging Directors, 4/1/20

April 7, 2020 – Q and A – ACL and SUA Directors Call held 4/1/20

FAQs BASED ON CALL WITH ACL AND STATE UNIT ON AGING DIRECTORS ON APRIL 1, 2020
 Various Topics (Issued 4/7/2020)

April 7, 2020

ACL provided these FAQs after a call with State Unit on Aging Directors on Wednesday, April 1, 2020.

Nutrition

Question:

What flexibilities are available in the CARES Act?

Answer:

- Waiver of service match
- 100% transfer authority between C-1 and C-2 is presumptively approved by ACL with no need for a waiver
- “Home-bound” includes individuals practicing social distancing
- Waiver of DRI/DGAs for meals purchased with supplemental funding
- These flexibilities apply to funding awarded under the CARES Act (Supplemental #3), the Families First Response Act (Supplemental #2), and regular OAA for the duration of the public health emergency.

Related Questions:

1. Where can we find examples of innovations from other states?
 - National Nutrition and Aging Resource Center Listserv
 - Other National Resource Centers
2. Can we serve people of any age in a public housing or high-rise facility?
 - The OAA permits the provision of nutrition services to older individuals and their spouses, individuals with disabilities who are not older individuals but who reside in housing facilities occupied primarily by older individuals at which congregate nutrition services are provided, and to individuals with disabilities who reside at home with eligible older individuals.
 - Also, under the National Family Caregiver Support Program, individuals who reside with an eligible caregiver could be served if it would benefit the caregiver and enhance the ability of the caregiver to continue providing care to the care recipient. As an example, a grandchild being raised by a grandparent could be served a meal if it would assist the grandparent.
3. Are emergency meals required to meet the DGAs and DRIs?
 - Under current authorities, no. Meals funded through Disaster Relief Funds following a declaration of a major disaster, Families First Coronavirus Response Act (FFCRA) and the Coronavirus Aid Relief and Economic Security (CARES) Act are not required to meet the DGAs and the DRIs, but the ACL encourages

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the use of these standards to help older adults maintain their health and manage their chronic conditions and to provide quality service.

- While Congress provided for the waiver of DRIs and DGAs during the COVID-19 pandemic, they made it clear that ACL should encourage programs to provide nutritious meals when available. However, when meals that do not meet the DRIs/DGAs are unavailable, they encouraged ACL to urge programs to provide meals that meet, at a minimum, no less than 1/3 of the recommended daily caloric intake for an older individual. As an example, the recommended daily caloric intake for a 70-year old is 1600. Under no circumstances should a meal be provided that is less than 534 calories.
- Meals normally funded under the OAA and meals funded under the Public Health Emergency through Title III C are required to meet the DGAs and the DRIs under Title III C. In these instances, ACL has no authority to waive these requirements. However, if an SUA chooses to use Title III B to fund meals, these meals do not need to meet the requirements of the DGAs and DRIs.

Major Disaster Declaration

Question:

Does the declaration of a “major disaster” give States maximum flexibility to use any portion of the funds awarded for purposes of the Older Americans Act? What is the process for making transfers to exercise the flexibility granted?

Answer:

- Yes, please see the Older Americans Act Disaster Relief FAQ (https://acl.gov/sites/default/files/common/OAADisasterRelief_2020-03-16.pdf)
- This would apply to funds awarded under the Families First Coronavirus Response Act and the CARES Act supplemental appropriations, as well.
- States do not have to make transfers once the major disaster declaration has been declared. States have the ability to simply designate funds as “disaster relief” and spend them in response to the identified needs.

Related Questions:

1. When does the major disaster declaration flexibility go into effect? On the date of the FEMA declaration, or the date the emergency began (which may go back to January), or the funding award dates on the various NOAs?
 - The OAA major disaster declaration flexibilities (“bucketing” of funds under Title III) occur at the start of the disaster declaration period set forth in a state’s application. Most states have 1/20/2020 as the “start” date.

Time Frame for Expenditures

Question:

Can there be any extensions of the time frame for making expenditures? Which funding should we spend first?

Answer:

- All SUAs have been provided a no-cost-extension for the FFY 2019 Title III, Title VII, and NSIP grants. The project period end dates have been extended to September 30, 2021 with final reporting due December 30, 2021. A new Notice of Award (NOA) will be provided to SUAs who have not fully expended their grants in the July 2020 timeframe with the updated project period end date.
- All SUAs that have FFY2018 Title III, Title VII, and NSIP grants will be provided a liquidation extension for an additional year to December 30, 2021. Please note funds must have been obligated by September 30, 2018 to be available for expenditure and liquidation. A new NOA will not be provided with this

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updated liquidation period, however late requests for liquidation will be approved. Final liquidations and SF425 report are due December 30, 2021.

- Also, see the updated Fiscal FAQ (<https://acl.gov/sites/default/files/common/Fiscal%20FAQs.docx>)
- Funding under the Families First and CARES Act Supplementals have a project period until September 30, 2021, with final liquidation available until December 30, 2021.
- Because FFCRA & CARES Act funding is specifically appropriated for COVID-19 response, we encourage the use of funding in the following order:
 - Families First Coronavirus Response Act funding;
 - CARES Act funding;
 - “Regular” Title III grant funds, starting with the oldest funds available first;
 - FFY 2018
 - FFY 2019
 - FFY 2020
- Because SUAs and networks have been impacted by COVID-19, ACL has waived prior approval requirements for pre-award costs incurred from January 20, 2020 to the effective date of the Federal Awards for the FFCRA and CARES Act funds.

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Meeting Q & A

Q & A with State Unit on Aging Directors, 4/8/20

April 14, 2020 – Q and A – ACL and SUA Directors Call held 4/8/20

FAQs based on call with ACL and state unit on aging directors on April 8, 2020

Various Topics (Issued 4/14/2020)

April 14, 2020

ACL is issuing these FAQs that were raised on a call with State Unit on Aging Directors on Wednesday, April 8, 2020.

Personal Protective Equipment (PPE)

Question:

Is there anything ACL can do to educate FEMA, CDC and others to get a blanket message out that direct care workers and home delivered providers need PPE?

Answer:

ACL has had advocacy success in getting our aging services network - that includes direct services workers - included in the designation of health care workers for the purpose of accessing PPE. However, governors and state emergency management units make the final decisions regarding what entities within a state will receive PPE. Please continue to work directly within your states to get PPE for your partners.

Reporting Requirements

Question:

When will ACL provide the states with the reporting requirements for the new COVID-19 Supplemental Funding?

Answer:

ACL is a strong advocate to ensure the amount of reporting burden is not increased. However, the CARES Act has specific reporting requirements. The Department of Health and Human Services is working with the Office of Management and Budget to determine how much flexibility can be granted to states related to reporting requirements.

Fiscal

Question:

Do states with a 'major disaster declaration' have maximum spending flexibility for COVID-19 expenses through the ability to use any funds allocated under Title III of the OAA and any supplemental COVID-19 funds towards those expenses?

Answer:

Yes. Also, see Fiscal FAQs for more information.

https://acl.gov/sites/default/files/common/AoA%20-%20Fiscal%20FAQs%20Updates%20FINAL%204-8-2020_0.docx

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Related Questions:

1. *What happens if states do not spend the COVID-19 supplemental funds by the end of this federal fiscal year?*
 - States have until September 30, 2021, to spend COVID-19 supplemental funds. Be on the lookout for information from your Regional Administrator (RA) regarding a meeting, with SUA directors, SUA fiscal officers, RAs, and ACL fiscal staff regarding the most prudent way to spend COVID-19 funds during the time that it is available.
2. *When can states expect the Notice of Awards from the CARES ACT?*
 - Within the next thirteen days from April 8, 2020.
3. *Can ACL waive the 20% funding cap for Title III-E that can go towards supplemental services?*
 - There is no funding cap for supplemental services. Some states have policies and procedures to cap supplemental services which emanated from a common guide when the program first began because there were five categories of service – thereby allocating 20% of the funding to each of the five services. However, the OAA does not require a state to cap supplemental services at 20%.

Nutrition**Question:**

Can states use OAA Title III-B funds to purchase additional freezer capacity for meals?

Answer:

Yes. States can use Title III-B funds for this purpose, but also can use Title III-C funds because it is related to the provision of nutrition services.

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Meeting Q & A

Q & A with State Unit on Aging Directors, 4/15/20

April 21, 2020 – Q and A – ACL and SUA Directors Call held 4/15/20

FAQS BASED ON CALL WITH ACL AND SUA DIRECTORS ON APRIL 15, 2020

These FAQs contains questions and answers from ACL's call with SUA Directors on April 15, 2020. It also includes summaries from two presentations given during the call.

(Issued 4/21/2020)

April 21, 2020

PRESENTATION SUMMARIES:

Paula Basta, Director of the Illinois Department on Aging

The Illinois Department of Aging was able to secure vital personal protective equipment (PPE) during the early stages of the pandemic. The SUA contributes this victory to advocating for its stakeholders and collaborating with the Community Care Programs (CCP) who provide home and community based services and the CCP association of provider network. The SUA looked to CCP to help prioritize affected agencies and determine the location of hotspots. Then the SUA used the information at daily meetings with the Illinois Emergency Management Agency. During the meetings, the SUA discussed their PPE needs as expressed by their partners and providers. In fact, many at the meetings were surprised by the quality and quantity of work the aging network does in Illinois.

Richard Prudom, Secretary for the Florida Department of Elder Affairs

Florida has about 700 nursing homes and 3000 assisted living facilities, with approximately 171,000 individuals residing between the two. Some of those residents became isolated from their loved ones and their connection with the outside world during the pandemic. The state of Florida recognizes the importance of practicing social distancing, but does not believe social distancing must equal complete social isolation for these residents. In partnership with the Alzheimer's Association, Florida started Project Vital (Virtual Inclusive Technology for All) to provide specialized tablets for the older adults within these facilities to stay connected.

Prior to the pandemic, Florida provided about 45,000 meals a day to older adults via home delivery and congregate settings. However, Florida is now providing 190,000 meals a day due to the pandemic. To accomplish this, Florida contracted with restaurants impacted by the pandemic to make and deliver meals to older adults in their homes. Florida determined that was a great way to not only meet the needs of older Floridians but also provide much needed income to restaurants and restaurant workers to prepare and deliver meals to seniors.

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INTRASTATE FUNDING FORMULA

Question:

Do states have to distribute the COVID-19 supplemental funding according to the intrastate funding formula?

Answer:

A State may choose to expedite its COVID-19 emergency response in a manner consistent with Expediting Expenditures at the State Level in Responding to the COVID-19 Emergency. After doing so, funds must then be distributed based on the State's approved Intrastate Funding Formula.

FISCAL

Question:

During the major disaster declaration, is there a need for either the AAAs or the SUAs to submit transfer requests to ACL?

Answer:

States do not have to make transfers once a major disaster declaration has been approved. States have the ability to designate funds as "disaster relief" and spend them in response to the identified needs out of any Part of the Act, and can include FFCRA and CARES Act funding.

Question:

How should states report Program Income when collecting and extending funds out of multiple funding sources?

Answer:

Program income must be reported on financial reports under the grant award number in which funds were expended for the service, i.e. Title III E funds are paying for home delivered meals which would typically be paid out of C-2, the program income should still be reported under Title III E and not C-2.

Question:

Can states use supplemental COVID-19 funding to support pre-award costs going back to January 20, 2020?

Answer:

Because the SUAs and networks have been impacted by COVID-19, ACL has waived prior approval requirements for pre-award costs incurred from January 20, 2020 to the effective date of the Federal Awards for the FFCRA and CARES Act funds.

Question:

What is the window for disaster declarations transfers since the normal window would close on August 15 or 17th?

Answer:

While final transfer requests are due by 8/17/2020, transfer requests can be submitted at any time to ACL within the grant's funding year. For example, for FFY 2020 grants (with grant numbers start with "20xxxxxxx") transfer requests must be submitted before 9/20/2020, 10 days before the end of FFY 2020. We ask that the number of transfer requests

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per SUA be minimized and consolidated as much as possible since a new Notice of Award (NOA) is issued for every transfer request received.

OAA TITLE III-B

Question:

Can states use COVID-19 supplemental funding to support senior centers that are not operating by covering ongoing monthly costs, such as their utilities or leases so that when the pandemic is over those centers are able to open back up for congregate meals?

Answer:

Yes. Title III-B allows for the support of senior centers. States are able to pay for the maintenance and operation of senior centers during the pandemic even though the centers are not currently operating.

STRATEGIC PLANNING

Question:

Is there guidance for bringing the senior centers and congregate settings back safely?

Answer:

ACL has begun those discussions and plans to provide guidance in that regard. ACL is interested in hearing from states about thoughts in this area as well.

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Meeting Q & A

Q & A with State Unit on Aging Directors, 4/22/20

April 29, 2020 – Q and A – ACL and SUA Directors Call held 4/22/20

FAQ BASED ON CALL WITH ACL AND SUA DIRECTORS ON APRIL 22, 2020

This FAQ contains questions and answers from ACL's call with SUA Directors on April 22, 2020.

(Issued 4/29/2020)

PRESENTATION SUMMARIES:

Dr. Hope Thompson, Economist, Office of Policy and Program Analysis, Federal Emergency Management Agency (FEMA)

Dr. Thompson serves on a team that monitors problems related to food banks, food assistance programs and serving the food needs of the nation's most vulnerable populations. The team is currently monitoring problems such as, reports of canceled orders to food banks and food programs due to USDA or FEMA large purchases, PPE issues and lack of availability for volunteers. FEMA hosts a weekly interagency coordination call to discuss current efforts to combat these issues.

FEMA Public Assistance Program serves to meet the immediate needs of people who lack access to food because of COVID-19 and protects the public from the spread of the virus. The policy has the ability to cover various costs related to ensuring those in need have access to food (i.e. food banks, home delivery, etc.). Each state must communicate the specific needs of their population, and applicants seeking reimbursement for such costs must be the actual state, tribal, or territorial government. All private non-profits must have formal agreements with their local, state, tribal or territorial government making them legally responsible for providing specific life safety services to receive funding. For specific questions related to this program, please contact your local FEMA regional office.

Dr. Alexis Travis, Senior Deputy Director, Michigan Aging and Adult Services Agency

AARP Michigan (MI) connected MI State Unit on Aging (SUA) to the Food Bank Council (Council) of Michigan in order to assist older adults (age 60+) throughout the state who cannot access food due to the stay-at-home order. MI SUA purchased 10,000 quarantine boxes (Q-boxes) from the Council, and the Area Agencies on Aging (AAA) distributed the Q-boxes throughout the state.

Initially, MI SUA purchased Q-boxes through the Aging Adult Services Agency using administrative funds. However, now MI SUA is working with the public and other funding sources to raise additional dollars. For example, SUA raised \$40,000 from the public through a virtual food-drive and plans to use these funds to make additional Q-boxes available. Each Q-box costs approximately \$28 and contains 33 food items, such as chicken, green beans, peanut butter, rice and tomatoes. Altogether, the Q-boxes provide approximately 22 well-balanced meals designed to feed recipients for ten days. The boxes also contain breakfast, lunch, and dinner recipes for seniors who are food insecure.

MI SUA is also using state level funds to issue mini grants for virtual delivery for support groups, friendly reassurance, and other evidence-based programs that support seniors. Currently, the SUA has about 3,000 volunteers delivering meals, Q-boxes and providing friendly reassurance. MI SUA developed a portal where individuals can volunteer to assist with these services.

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Kelly Cronin, Deputy Administrator, Center for Innovation and Partnership, Administration for Community Living (ACL)

Currently, there are many opportunities for aging and disability networks to partner with health systems to support care transitions and COVID-19 emergency response. Recently, ACL organized a webinar with the Aging and Disability Business Institute and N4A on April 16, 2020, to provide an overview of the Medicare flexibilities currently available but primarily focusing on the telehealth expansions and flexibilities, as well as the Hospital without Walls Initiative. Over 560 participants attended the webinar. The participants included over 150 triple AAAs, over 40 CILs and around 90 other CBOs.

To access the webinar. Please click here:

<https://www.aginganddisabilitybusinessinstitute.org/resources/hospital-without-walls-new-opportunities-for-cbos/>

FISCAL

Question:

What are our options for match related to family caregiver COVID-19 supplemental funding?

Answer:

There is no service match requirement for Title III-E CARES Act funds. However, if taken, State Plan and Area Plan administration match is required at the normal 25% match rate.

Question:

Which supplemental COVID-19 funds should states spend first?

Answer:

Because FFCRA & CARES Act funding is specifically appropriated for COVID-19 response, ACL encourages the use of funding in the following order:

1. Families First Coronavirus Response Act (FFCRA) funding;
2. CARES Act funding;
3. "Regular" OAA Title III and Title VII grant funds, starting with the oldest funds available first;
 - a. FFY 2018
 - b. FFY 2019
 - c. FFY 2020

All SUAs have been provided a no-cost-extension for the FFY 2019 Title III, Title VII, and NSIP grants. The project period end dates have been extended to September 30, 2021 with final reporting due December 30, 2021. A new Notice of Award (NOA) will be provided to SUAs that have not fully expended their grants in the July 2020 timeframe with the updated project period end date. SUAs that receive the no-cost-extensions will be required to submit semi-annual reports until a final report is submitted.

All SUAs that have FFY2018 Title III, Title VII, and NSIP grants will be provided a liquidation extension for an additional year to December 30, 2021. Please note funds must have been obligated by September 30, 2018 to be available for expenditure and liquidation. A new NOA will not be provided with this updated liquidation period, however late requests for liquidation will be approved. Final liquidations and SF425 report are due December 30, 2021.

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OAA TITLE VII

Question:

Can the state Ombudsman Program use CARES funding or is it all intended to go out to the AAAs?

Answer:

Yes, the state Ombudsman determines the use of the fiscal resources appropriated or otherwise available for the operation of the Office, including the CARES Act funds. . ACL encourages SUA Directors to work with their state Ombudsman to determine the needs at the state Office, such as, bulk purchasing of equipment, statewide training needs, etc. and the allocation of these funds to the local Ombudsman entities, such as AAA's. See previous State Long Term Care Ombudsman FAQ for additional information.

Question:

Since the COVID-19 relief funds are being used for a number of different services. Is there going to be any relaxing of the Certification of Long Term Care Ombudsman Program Expenditures for next year?

Answer:

The Older Americans Act Reauthorization of 2020 updated the minimum expenditure requirements for the Long Term Care Ombudsman Program to the total amount of funds expended under the Older Americans Act in fiscal year 2019. FFY 2020 minimum expenditure requirements for the Long Term Care Ombudsman Program must meet or exceed the FFY 2019 expenditure levels. ACL is available for additional technical assistance in this area if needed.

STRATEGIC PLANNING

Question:

Does ACL have guidance or guidelines that it can provide to SUA Directors about how they can provide good information to their governors' offices about reopening in a phased in approach?

Answer:

ACL is working on guidance about reopening based on the administration's phased approach. We will make it available as soon as it is finalized.

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Reporting

Title VI Reporting Guidance for COVID Response Activities

May 4, 2020 – Website Info Sheet – Title VI FFCRA and CARES Acts Reporting Overview

May 4, 2020

Families First Coronavirus Response Act (FFCRA) and Coronavirus Aid, Relief and Economic Recovery Act (CARES) Reporting Overview

ACL appreciates the national Title VI network's commitment to elders and responsiveness to the unprecedented COVID public health emergency. ACL is confident that the FFCRA and CARES grant funds awarded to the Title VI network assisted in supporting elders during this pandemic. ACL requires programmatic reporting on all grant awards, including the FFCRA and CARES grant funds. For ease of reporting, Title VI programs will use the existing Title VI Program Performance Report (PPR) (OMB 00985-0007) to report all FFCRA and CARES grant services.

ACL intends to use the data collected to show accountability for the supplemental funding received, as well as to demonstrate the scope and reach of the Title VI network's involvement in COVID response. ACL thanks the members of the national Title VI network for their efforts to report accurate, complete data regarding service to elders and caregivers.

Nearly all services provided in response to the COVID pandemic can be categorized using the existing PPR service definitions. Where greater flexibility was required, service definitions have been expanded and adapted. The following are Title VI services that can be provided in a stay-at-home environment with service definitions and examples updated to reflect the way the Title VI network has adapted to provide services in response to the COVID pandemic. **This is not an exhaustive list.** These are the categories ACL felt were most applicable given how services are being delivered in the time of COVID. If you have provided a service based on your community and response needs and it is not included on the list, please reach out to Title VI staff to report appropriately.

Programmatic Reporting for FFCRA and CARES Grants to Title VI Grantees

FFCRA and CARES grant funds were awarded to Title VI grantees to provide Part A/B services in preventing, preparing for and responding to Coronavirus Disease 2019. Although the project period is March 20, 2020 (for FFCRA) and April 1, 2020 (for CARES) until September 20, 2021, grantees may incur pre-award costs prior to the effective date of this award dating back to January 20, 2020.

An annual programmatic report is due June 30, 2021 using the [PPR form OMB 0985-0007](#) and submission will be done through the [Older Americans Act Performance System \(OAAPS\)](#). Services provided with FFCRA and CARES funds must be reported in the PPR section labeled "Optional space for other supportive services offered that are not listed above." For each service provided with CARES and FFCRA funds, grantees must report on:

- Type of service;
- Number of individuals served;

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- Number of units provided; and
- Whether funding source was FFCRA or CARES.

An example of this reporting would be:

- Home-delivered meals: 250 elders, 15,000 meals, \$150,000 in FFCRA expenditures.
- Homemaker – 100 elders, 120 units, \$2,000 expenditures in CARES expenditures. Tribe/Village provided weekly shopping and grocery delivery for 12 weeks to family caregivers

Service Definitions and Units as Applied to COVID Response

Part A/B Services—Nutrition & Supportive Services

These categories are the existing PPR service categories that have been updated to reflect the stay-at-home nature of many Title VI services provided in response to COVID.

Service Description	Service Definition	Unit Name	Unit Definition	Example
Full Time Staff	People who work 35 hours or more per week in a paid position for the Title VI program.	Persons	All staff working over 35 hours a week on Part A/B	<ul style="list-style-type: none"> • A Title VI director (a permanent position) who works full-time on the Title VI program. • A temporary employee hired in response to COVID and who works 35 hours per week delivering meals. • An elder services coordinator who works 40 hours per week providing information and assistance to elders.
Part Time Staff	People who work less than 35 hours per week in a paid position for the Title VI program.	Persons	All staff working less than 35 hours a week on Part A/B	<ul style="list-style-type: none"> • A dietician (a permanent position) who works 20 hours per week reviewing Title VI home-delivered meal menus • A temporary employee hired in response to COVID and who works 10 hours per week providing telephone support to homebound elders. • A former volunteer who has been hired as a temporary employee and who provides grocery delivery to elders 20 hours per week.

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Service Description	Service Definition	Unit Name	Unit Definition	Example
Home Delivered Meal	A meal provided to a qualified individual in his/her place of residence or via carry-out or drive-through.	Unduplicated persons Meals	Individual people served One meal which meets the requirements of the meal's funding source	Meals provided via home delivery, carry-out or drive-through.
Nutrition Education	Providing targeted education in a group around issues of nutrition, physical fitness, or healthy habits for elders, and can include caregivers.	Sessions	A meeting of a group (2 or more individuals)	Sessions, including distribution of printed materials, provided in-person or virtually by conducting a group call or online meeting (via phone, text, email, webinar, video chat, or other means) around how to continue to eat healthy and stay physically active during COVID.
Nutrition Counseling	Providing individual advice and guidance to individuals at nutritional risk about how to improve their nutritional status.	Unduplicated persons Hours	Individual people served Total number of hours spent providing service	Sessions provided in-person or virtually to counsel older adults on an individual basis (via phone, text, email, webinar, video chat, or other means) about how to maintain healthy eating habits during COVID.
Information and Assistance	Providing information to an individual about services and resources available.	Contact	One individualized contact	Taking a call from an elder or their family member and answering questions about services for elders that are available.
Outreach	Providing public information through posts in newsletters, radio announcements, flyers, organizational Facebook posts or other media about available services or resources.	Activity	Information put together and shared (one post of information would count as an activity)	Putting together a social media post, radio, or automated call announcement that is shared with the broader community how you are providing services during COVID.

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Service Description	Service Definition	Unit Name	Unit Definition	Example
Case Management	Doing an intake with an elder about their personalized needs and then arranging for services to be provided and following up with an elder about services provided.	Unduplicated persons Hours	Individual people served Total number of hours spent providing service	<ul style="list-style-type: none"> • Getting a call from an elder or their caregiver and getting them signed up for services. • Conducting an intake and getting them signed up for services.
Homemaker Service	Providing light housekeeping tasks including delivery of groceries, prescriptions, or other supplies to elder's residence.	Unduplicated persons Hours	Individual people served Total number of hours spent providing service	<p>Hours of staff or volunteer time to provide assistance, including delivery of groceries, prescriptions, or other supplies to client's residence.</p> <p>Note: Report here the amount of time spent in providing the assistance and/or delivery. If the program is purchasing groceries, supplies, or other items, please see the Other Services Supplies definition below for reporting on actual purchase of items.</p>
Chore Service	Helping an elder maintain their residence doing work such as sidewalk clearing, walk maintenance, wood chopping, and/or hauling water.	Unduplicated persons Hours	Individual people served Total number of hours spent providing service	Going to an elder's house and ensuring that their sidewalk is clear of debris or making sure that their entrance is clear.
Telephoning	Telephone services include phoning in order to provide comfort or check up on the Elder. The Elder should be reached and spoken to in order for the contact to be counted.	Contact	One individualized contact, regardless of length of contact	Calling and reaching an elder via phone, text, email, webinar, video chat, or other means to provide a well-being check, reassurance, and/or socialization.

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<p>Other Supportive Service, including, but not limited to:</p> <ul style="list-style-type: none"> • Consumable Items; • Lending Closet. <p>ALSO list here any services provided using FFCRA & CARES funds in the following format:</p> <ol style="list-style-type: none"> 1. Describe the services provided (number of individuals, number of units); 2. Identify the source of funding for the service (FFCRA, and/or CARES Act); and 3. Include the amount of funding you spent for the service. 	<p>Use this section to collect information beyond what is captured in the other PPR categories. Report any services or units of service provided that do not fit into the other PPR services listed.</p> <p>Consumable items are items that are intended for one-time use by an elder in their home and are not returnable to the Title VI program. Examples include (but are not limited to): groceries, cleaning supplies, incontinence supplies, cell phone or internet access, or other items purchased for use by an older adult.</p> <p><i>Note:</i> This is to report purchasing groceries, supplies, cell phone or internet access or other items with program funds. For reporting the amount of time spent in providing the delivery, please see Homemaker definition above.</p> <p>Lending closet items are not single-use items, are lent to elders on a short-term basis and are returnable to the Title VI program when the</p>	<p>Name of Service Provided</p> <p>Unduplicated persons</p>	<p>State the name of the service you provide</p> <p>Individual elders served</p>	<ul style="list-style-type: none"> • Consumable items: weekly grocery deliveries for 50 elders for 10 weeks. We used \$80,000 of CARES funding for this service. • Consumable Items: purchasing cleaning kits and supplies for 75 elders. We used \$5,000 of FFCRA funding for this. • Lending Closet: provided 5 elders a cell phone. We used \$800 of FFCRA funding for this. • Lending closet: Provided 10 elders a tablet computer. We used \$3,000 of CARES funding for this.
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Service Description	Service Definition	Unit Name	Unit Definition	Example
	<p>elder no longer is using them. Examples include (but are not limited to): clothing given in a clothing exchange; Durable Medical Equipment such as chair lifts, wheelchairs, walkers, emergency response systems, technology or equipment provided for use by an elder in their home to maintain safety, allow for socialization, and/or promote participation in activities from the elder's home.</p>			
<p>Social Events</p>	<p>An event to promote social interactions and decrease social isolation.</p>	<p>Event</p>	<p>A planned occasion</p>	<p>Contact among more than two people via phone, text, email, webinar, video chat, or other means to provide reassurance and/or socialization to older adults.</p>
<p>Storytelling</p>	<p>A story about what your program is doing in the community and the effect on an individual or the community at large (please do not share names of individuals).</p>			<p>Please provide information on how your program is making a difference in your community, including how your program responded to the COVID pandemic.</p>

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Part C Services—Caregiver

Part C Services are intended for informal caregivers. Informal caregivers are unpaid providers of in-home and community care. Caregivers may be family members, neighbors, friends and others. Title VI Part C services can serve several types of caregivers such as caregivers to elders or individuals of any age with Alzheimer’s disease and related disorders, Elder caregivers caring for children (grandparents caring for grandchildren), and Elder caregivers providing care to adults with disabilities.

Service Description	Service Definition	Unit Name	Unit Definition	Example
Full Time Staff	People who work 35 hours or more per week in a paid position for the Title VI program.	Persons	All staff working over 35 hours a week on Part C	<ul style="list-style-type: none"> • A Title VI caregiver services coordinator (a permanent position) who works full-time overseeing the Title VI Part C program. • A temporary employee hired in response to COVID and who works 35 hours per week providing counseling to caregivers experiencing increased stress as a result of COVID. • A caregiver specialist who works 40 hours per week providing caregiver information services.
Part Time Staff	People who work less than 35 hours per week in a paid position for the Title VI program.	Persons	All staff working less than 35 hours a week on Part C	<ul style="list-style-type: none"> • A temporary employee hired in response to COVID and who works 20 hours per week developing emergency preparedness training for caregivers. • A former volunteer who has been hired as a permanent employee and who provides virtual support group services to caregivers 20 hours per week.

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Service Description	Service Definition	Unit Name	Unit Definition	Example
Information Services	Providing public information through posts in newsletters, radio announcements, flyers, organizational Facebook posts or other media about available services or resources.	Activity	Information put together and shared (one post of information would count as one activity)	Putting together a social media post or a radio announcement that is shared with the broader community how you are providing caregiver services during COVID.
Counseling	Counseling (led by a formal or informal counselor) to individuals or groups to address physical, behavioral, and emotional stresses related to caregiver roles. This service is a separate service from caregiver training or support group.	Unduplicated persons Total hours	Individual people served Total number of hours spent providing service	Providing counseling (via phone, text, email, webinar, video chat, or other means) with an individual or a group to help participants navigate physical, behavioral, and emotional issues related to caregiving.
Support Group	A service that helps facilitate caregivers to discuss their common experiences and concerns and develop a mutual support system.	Sessions	A meeting of a group (2 or more individuals)	Contact among more than two people via phone, text, email, webinar, video chat, or other means to provide support to caregivers so that they share their experiences with each other.
Caregiver Training	A service that provides family caregivers with instruction to improve knowledge and performance of specific skills relating to their caregiving roles and responsibilities. Training may be conducted on-line and may be presented to individuals or groups in person or by dissemination of training materials, including handouts.	Unduplicated persons Hours	Individual people served Total number of hours spent providing service	Caregiver training may involve helping caregivers prepare for how to care for their loved ones in the time of COVID. Trainings may be virtual and may be related to health, nutrition, stress management, and many other topics.

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<p>Supplemental Services, including:</p> <ul style="list-style-type: none"> • Home Modification/Repairs • Consumable Items • Lending Closet • Homemaker/Chore/Personal Care Service • Financial Support • Other 	<p>Supplemental services are those provided on a limited basis to caregivers of an elder, elders caring for grandchildren, and elders caring for adult children with a disability.</p> <p>Consumable items are items that are intended for one-time use by a caregiver in their home and are not returnable to the Title VI program. Examples include (but are not limited to): Provision of consumable supplies or material aid to benefit a family caregiver to meet basic necessities such as groceries, cleaning supplies, or continence items</p> <p>Lending closet items are not single-use items, are lent to caregivers on a short-term basis and are returnable to the Title VI program when the elder no longer is using them. Examples include (but are not limited to): clothing given in a clothing exchange; Durable Medical Equipment such as chair lifts, wheelchairs, walkers, emergency response systems, technology or equipment provided for use by an elder in their home to maintain safety, allow for</p>	<p>Name of Service Provided</p> <p>Unduplicated persons</p>	<p>Provide the name of the service you provide</p> <p>Individual caregivers served</p>	<ul style="list-style-type: none"> • Home modification: Arranging for the installation of a wheelchair ramp to the entrance of an Elder’s home to make it easier for the informal caregiver to take the Elder to doctor appointments. • Groceries, cleaning supplies, incontinence supplies, cell phone or internet access, or other items purchased to benefit a <i>family caregiver (whether used by the caregiver or by the care receiver)</i>. • Note: This is to report purchasing groceries, supplies, cell phone or internet access or other items with program funds. For reporting the amount of time spent in providing the delivery, please see Homemaker-Delivery definition above. • Consumable items: Providing the caregiver with incontinence supplies for the elder (or adult with disability if applicable). • Consumable items: Providing a grandparent with workbooks or other homeschool materials for their grandchildren. • Lending closet: Giving the caregiver a cell phone for short-term use. • Lending closet: Giving the caregiver a tablet
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Service Description	Service Definition	Unit Name	Unit Definition	Example
	<p>socialization, and/or promote participation in activities from the caregiver’s home.</p> <p>Homemaker: Providing light housekeeping tasks including delivery of groceries, prescriptions, or other supplies to support a caregiver.</p> <p>Chore: Helping a caregiver maintain their residence, or doing work at an elder’s residence in order to help a caregiver.</p> <p>Other: Any services provided that do not fit into the PPR services listed.</p>			<p>computer for short-term use.</p> <ul style="list-style-type: none"> • Lending closet: Providing a caregiver a wheelchair for them to use for the elder they are caring for. • Homemaker: Buying and delivering groceries or other supplies for the care of the elder, or to help grandparents caring for grandchildren, or an elder caring for an adult child with a disability. • Chore: Chopping wood, or clearing snow so that the informal caregiver is able to provide personal care to the Elder. • Financial support: On an emergency basis, providing financial help to a caregiver to make sure they are able to continue providing care.

Resources:

- For FAQs on Title VI and COVID-19 see <https://acl.gov/covid-19> and <https://olderindians.acl.gov/covid-19>

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Reporting

Long Term Care Ombudsman Reporting Guidance for COVID Response Activities

May 4, 2020 – Website Info Sheet – LTCO CARES Acts Reporting Overview

LONG-TERM CARE OMBUDSMAN PROGRAMS

Reporting Requirements for CARES Act funding

May 4, 2020

To support data consistency and minimize burden of meeting the programmatic reporting requirements of the CARES Act, ACL instructs state Ombudsman programs to continue to use the National Ombudsman Reporting System (NORS) codes, OMB Control Number 0985-0005, Tables 1-3 and to report in the Older Americans Act Performance System (OAAPS) as required in January 2021.

ACL's Office of LTC Ombudsman Programs and the National Ombudsman Resource Center (NORC) will provide state Ombudsmen with additional training on how to provide COVID-19-specific narratives and other data within OAAPS. We do not anticipate any major modifications to the OAAPS.

In light of restrictions on visits, it is very important that Ombudsman programs translate their remote work into NORS codes. The following provides examples of how to document Ombudsman program activities that may now be virtual.

Cases and Complaints:

- Continue to document cases and complaints in accordance with NORS Tables 1 and 2. The Ombudsman program may be the complainant and seek to resolve complaints regarding COVID-19-specific problems such as: access to residents or their representative; contact information; care; transfers of residents; and similar problems. Please refer to Frequently Asked Questions of March 10 https://acl.gov/sites/default/files/COVID19/C19FAQ-LTCOP_2020-03-10.pdf for more information on complaint handling.

Program Activities:

- Resident & Family Councils, Community Education:
 - Holding weekly Facebook Live meetings or other virtual meetings with residents, their families, or the community is an example of participation in resident/family councils or community education. Document this in the appropriate category of resident or family council participation or community education. Count each meeting as one instance.
- Facility survey participation:
 - Document communication with surveyors, if it is about a survey or complaint inspection at a specific facility. Count each communication as one instance.
 - **Do not count** routine meetings and communications about general COVID-19 response as a facility survey activity.

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- Information & Assistance:
 - Document phone calls to introduce yourself and the program and responses to questions through e-mail or other virtual methods as information and assistance. Document in the appropriate category of either individual or facility staff. Document each communication as one instance.

Frequently asked questions about COVID-19-Specific Activities:

- How will the Ombudsman program report information on COVID-19 activities?
 - States will report COVID-19-specific activities and case examples in the Complaint Examples and Systems Issues narratives (Table 3, Parts A & B).
 - State Ombudsman programs will provide data analysis that describes the impact of COVID-19 in their program’s variance report. ACL also will analyze and have questions about states’ variance reports and complaint trends, including trends about COVID-19.
- How do I document all of the interagency meetings that I attend?
 - ACL does not collect numeric data on the number of meetings that Ombudsman programs participate. You will have an opportunity to provide COVID-19-specific narratives where you can describe these types of meetings and any outcomes.
- Can I document a “virtual visit” as a visit in NORS?
 - No. There is no substitute for an in-person visit, and in-person visits with residents are a core part of Ombudsman program outreach and advocacy and NORS reinforces this by requesting that Ombudsman programs report all visits. **It is important that Ombudsman programs accurately reflect this decrease to show the impact of the pandemic experienced by residents and the program.** ACL anticipates that there will be a sharp decrease in visits, and that is appropriate, given the circumstances.
 - However, it is important to document your instances of information and assistance, virtual resident meetings, cases and complaints. Review the [NORS Frequently Asked Questions \(FAQs\)](#) for more instruction on documenting activities related to COVID-19.
- Funds-Expended Reporting
 - State Ombudsman programs will report CARES Act funds expended in Table H, Part F, funds expended other federal sources.

Resources:

- For more FAQs on NORS reporting and COVID-19 see https://ltombudsman.org/omb_support/nors/nors-faqs#documenting
- Training on NORS coding is at https://ltombudsman.org/omb_support/nors
- Training on the reporting tool, OAAPS is at <https://oaaps.acl.gov/app/welcome>
- State Ombudsman Data Management Training https://ltombudsman.org/omb_support/nors/state-ombudsman-nors-training

ACL FAQs

- <https://acl.gov/COVID-19>
- https://acl.gov/sites/default/files/COVID19/C19FAQ-LTCOP_2020-03-10.pdf
- https://acl.gov/sites/default/files/COVID19/C19FAQ-LTCOP_2020-03-16.pdf

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Reporting

State Program Report (SPR) Title III Reporting Guidance for COVID Response Activities

May 4, 2020 – Website Info Sheet – Title III SPR FFCRA and CARES Acts Reporting Overview

PROGRAM REPORTING GUIDANCE – COVID RESPONSE

ACL Title III Older Americans Act – State Program Report (SPR)

May 8, 2020 – Revision 1

ACL is issuing this guidance regarding programmatic reporting on the FFCRA and CARES Act supplemental grant funds, as well as services provided by states exercising flexibility under a major disaster declaration (MDD). ACL instructs states to use the annual State Program Report (SPR), which is the existing process for reporting OAA services. ACL is not creating any new timeframes, service definitions, or new data elements for reporting. ACL is giving guidance and examples for states to use the existing annual SPR requirements and State Reporting Tool (SRT) system to report COVID response activities. Due to COVID response, ACL understands that clients, service units, expenditures, and expenditures per unit will differ greatly from prior year SPR reports. ACL asks states to do their best under challenging conditions to include detail on how COVID has affected program operations via narrative information reported on Section IV.A of the SPR and variance explanations, as appropriate.

In terms of fiscal reporting, FFCRA and CARES Act funds are issued under a separate grant award number; therefore, funds must be accounted for separately from the regular issuance of Title III Older Americans Act funding. States are required to continue maintaining appropriate records and documentation to support the charges against the Federal awards.

Because grant funds were awarded before programmatic reporting guidance was disseminated, ACL understands that grantees may be tracking these funds in a variety of ways depending on grantee reporting system and administration of funds. ACL urges states to work closely with their aging services providers to update them on COVID-related programmatic reporting information and to coordinate the timing and format for those providers to report on the number of people served and the number of units of service provided using FFCRA, CARES Act, and any other supplemental COVID-related funds, in accordance with this guidance.

ACL appreciates the commitment and responsiveness of the national aging network regarding the unprecedented COVID public health emergency. ACL encourages states to include programmatic reporting of expenditures related to COVID response that are usually outside the normal realm of operations. Subject to each program's policies and procedures, such expenditures may include:

- Payment of senior center utilities even if no programming was occurring in the senior center for a period of time due to COVID;
- Payments for use of other sites (e.g., congregate meal sites, senior centers) or to other staff (e.g., former congregate meal site staff) for preparation and distribution of meals and other supplies;
- Increased expenditures per unit of service due to the need to provide staff with personal protective equipment; and
- Coverage of administrative leave for employees that were unable to work due to COVID program closures.

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Such expenditures should be included with the service for which they are reported.

ACL intends to use the data collected to show accountability for the supplemental funding received, as well as to demonstrate the scope and reach of the aging network's involvement in COVID response. ACL thanks the members of the national aging network for their efforts to report accurate, complete data regarding service to older adults and family caregivers.

ACL recognizes that as programs respond to a "new normal" future guidance regarding programmatic reporting may be needed, and ACL will work with the aging network in order to develop this future guidance.

Service Definitions and Units as applied to COVID Response

Section I.A, I.B, I.C, and I.D Reporting

Services to Older Adults

States should report services to Elderly Individuals by Service on Section I.A-D. ACL understands that due to increased demand and volume under emergency response conditions, there may be higher levels of missing client demographic data. ACL encourages States and aging services providers to collect and report demographic data to the greatest extent practicable. ACL also anticipates that any significant missing data and variances be explained, including those variances related to COVID response.

The following are **existing SPR Title III service definitions**, with examples updated for how to report due to COVID response. This is not an exhaustive list. These are the categories ACL identified as applicable given how services are being delivered related to COVID response.

Service Name	Service Definition	Unit Name	Unit Definition	COVID Example
Home Delivered Meal (existing service in SPR)	A meal provided to a qualified individual in his/her place of residence. The meal is served in a program administered by SUAs and/or AAAs and meets all of the requirements of the Older Americans Act and State/Local laws.	Meal	One meal which meets the requirements of the meal's funding source	Meals provided via home delivery, pick-up, carry-out or drive-through. Note: Please report all home delivered meals regardless of whether or not the meals meet DRI/DGA requirements. ACL anticipates that most meals related to COVID response will be reported as home delivered meals. Additionally, states may report capital expenditures like delivery vehicles and walk in coolers under home delivered meals to reflect such expenditures to meet COVID response needs. Such capital expenditures may be described in Section IV.A.

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Service Name	Service Definition	Unit Name	Unit Definition	COVID Example
Congregate Meal (existing service in SPR)	A meal provided to a qualified individual in a congregate or group setting. The meal as served meets all of the requirements of the Older Americans Act and State/Local laws.	Meal	One meal which meets the requirements of the meal's funding source	Meals provided in a congregate or group setting and eaten with another person (in-person or virtually), such as coordinating a buddy system or virtual congregate site via Zoom, FaceTime, GoToMeeting, etc. where people dine together. Note: States may report expenditures like rent and utilities for vacant congregate sites under congregate meals to reflect such expenditures resulting from COVID response needs. Such expenditures may be described in Section IV.A.
Nutrition Education (existing service in SPR)	A program to promote better health by providing accurate and culturally sensitive nutrition, physical fitness, or health (as it relates to nutrition) information and instruction to participants, caregivers, or participants and caregivers in a group or individual setting overseen by a dietician or individual of comparable expertise.	Session	Session per participant	Sessions, including distribution of printed materials, provided in-person or virtually by conducting a group call or online meeting (via phone, text, email, webinar, video chat, or other means) around how to continue to eat healthy and stay physically active during COVID.
Nutrition Counseling (existing service in SPR)	Individualized guidance to individuals who are at nutritional risk because of their health or nutrition history, dietary intake, chronic illnesses, or medications use, or to caregivers. Counseling is provided one-on-one by a registered dietician, and addresses the options and methods for improving nutrition status.	Session	Session per participant	Sessions provided in-person or virtually to counsel older adults on an individual basis (via phone, email, video chat, or other means) about how to maintain healthy eating habits based on their health conditions during COVID.

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Service Name	Service Definition	Unit Name	Unit Definition	COVID Example
Homemaker (existing service in SPR)	Assistance such as preparing meals, shopping for personal items, managing money, using the telephone or doing light housework.	Hour	The amount of time to provide assistance, including amount of time taken to drive to the store, shop, and deliver the groceries, prescriptions, or other supplies	Hours of staff or volunteer time to provide assistance, including delivery of groceries, prescriptions, or other supplies to client's residence. Note: This is to report the amount of time spent in providing the assistance and/or delivery. If the program is purchasing groceries, supplies, or other items, please see Consumable Supplies definition below for reporting on items purchased.

Please see Section II.E Other Services for information on how to report services to Elderly Individuals that are not separately reported in Sections I.A, I.B, I.C, or I.D.

ACL is not creating any new timeframes, service definitions, or new data elements for reporting. Please see the following excerpts from the current State Program Report definitions that may also apply, which include:

B. Standardized names, definitions and service units are provided for the services that are singled out in the SPR for reporting

Personal Care (1 Hour) -- Personal assistance, stand-by assistance, supervision or cues.

Chore (1 Hour) -- Assistance such as heavy housework, yard work or sidewalk maintenance for a person.

Adult Day Care/Adult Day Health (1 hour) – Personal care for dependent elders in a supervised, protective, and congregate setting during some portion of a day. Services offered in conjunction with adult day care/adult day health typically include social and recreational activities, training, counseling, and services such as rehabilitation, medications assistance and home health aide services for adult day health.

Case Management (1 Hour) -- Assistance either in the form of access or care coordination in circumstances where the older person is experiencing diminished functioning capacities, personal conditions or other characteristics which require the provision of services by formal service providers or family caregivers. Activities of case management include such practices as assessing needs, developing care plans, authorizing and coordinating services among providers, and providing follow-up and reassessment, as required.

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Information and Assistance (1 Contact) -- A service that: (A) provides individuals with information on services available within the communities; (B) links individuals to the services and opportunities that are available within the communities; (C) to the maximum extent practicable, establishes adequate follow-up procedures. Internet web site “hits” are to be counted only if information is requested and supplied.

Assisted Transportation (1 One Way Trip) -- Assistance and transportation, including escort, to a person who has difficulties (physical or cognitive) using regular vehicular transportation.

Transportation (1 One Way Trip) – Transportation from one location to another. Does not include any other activity.

Legal Assistance (1 hour) -- Legal advice, counseling and representation by an attorney or other person acting under the supervision of an attorney.

Information and Assistance (1 Contact) -- A service that: (A) provides individuals with information on services available within the communities; (B) links individuals to the services and opportunities that are available within the communities;

Outreach (1 Contact) – Intervention with individuals initiated by an agency or organization for the purpose of identifying potential clients (or their care givers) and encouraging their use of existing services and benefits.

Note: The service units for information and assistance and for outreach are individual, one-on-one contacts between a service provider and an elderly client or caregiver. An activity that involves contact with multiple current or potential clients or caregivers (e.g., publications, publicity campaigns, and other mass media activities) should not be counted as a unit of service. Such services might be termed public information and reported on the public information category. They may also be reported in “Section II.E. – Utilization and Expenditures Profiles, Other Services Profile.”

Self-Directed Care (People Served, Title III Expenditures, Total Expenditures) An approach to providing services (including programs, benefits, supports, and technology) under this Act intended to assist an individual with activities of daily living, in which (A) such services (including the amount, duration, scope, provider, and location of such services) are planned, budgeted, and purchased under the direction and control of such individual; (B) such individual is provided with such information and assistance as are necessary and appropriate to enable such individual to make informed decisions about the individual’s care options; (C) the needs, capabilities, and preferences of such individual with respect to such services, and such individual’s ability to direct and control the individual’s receipt of such services, are assessed by the area agency on aging (or other agency designed by the area agency on aging involved); (D) based on the assessment made under subparagraph (C), the area agency on aging (or other agency designated by the area agency on aging) develops together with such individual and the individual’s family, caregiver (as defined in paragraph (18)(B)), or legal representative – (i) a plan of services for such individual that specifies which services such individual will be responsible for directing; (ii) a determination of the role of family members (and others whose participation is sought by such individual) in providing services under such plan; and (iii) a budget for such services; and (E) the area agency on aging or State agency provides for oversight of such individual’s self-directed receipt of services, including steps to ensure the quality of services provided and the appropriate use of funds under this Act. From Section 102(46) of the Older Americans Act of 1965, as amended.

Note: In prior versions of the State Program Report Definitions, Self-Directed Care was called Cash and Counseling.

Other Services – A service provided using OAA funds that do not fall into the previously defined service categories. Expenditures on “Other Services” in Section II.A. Line 15 is required.

Health Promotion and Disease Prevention – Services that include health screenings and assessments; organized physical fitness activities; evidence-based health promotion programs; medication management; home injury control services; and/or information,

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education, and prevention strategies for chronic disease and other health conditions that would reduce the length or quality of life of the person 60 or older. Since service units could be so diverse they would not provide meaningful results they are not included.

Note: FY 2012 Congressional appropriations now require Title III-D funding be used only for programs and activities demonstrated to be evidence-based. For more information, see Department of Health and Human Services Appropriations Act, 2012 (Division F, Title II of P.L. 112-74).

Section I.E and I.F Reporting

Services to Caregivers

ACL is not creating any new timeframes, service definitions, or new data elements for reporting. Please see the following excerpt from the current State Program Report definitions that apply:

Counseling --(1 session per participant) Counseling to caregivers to assist them in making decisions and solving problems relating to their caregiver roles. This includes counseling to individuals, support groups, and caregiver training (of individual caregivers and families).

Respite Care --(1 hour) Services which offer temporary, substitute supports or living arrangements for care recipients in order to provide a brief period of relief or rest for caregivers. Respite Care includes: (1) In-home respite (personal care, homemaker, and other in-home respite); (2) respite provided by attendance of the care recipient at a senior center or other nonresidential program; 3) institutional respite provided by placing the care recipient in an institutional setting such as a nursing home for a short period of time as a respite service to the caregiver; and (for grandparents caring for children) summer camps. If the specific service units purchased via a direct payment (cash or voucher) can be tracked or estimated, report those service unit hours. If not, a unit of service in a direct payment is one payment.

Supplemental services --Services provided on a limited basis to complement the care provided by caregivers. Examples of supplemental services include, but are not limited to, home modifications, assistive technologies, emergency response systems, and incontinence supplies.

Information Services (1 activity) -- A service for caregivers that provides the public and individuals with information on resources and services available to the individuals within their communities. [Note: service units for information services are for activities directed to large audiences of current or potential caregivers such as disseminating publications, conducting media campaigns, and other similar activities.]

Access Assistance (1 contact) -- A service that assists caregivers in obtaining access to the services and resources that are available within their communities. To the maximum extent practicable, it ensures that the individuals receive the services needed by establishing adequate follow-up procedures. [Note: Information and assistance to caregivers is an access service, i.e., a service that: (A) provides individuals with information on services available within the communities; (B) links individuals to the services and opportunities that are available within the communities; (C) to the maximum extent practicable, establishes adequate follow-up procedures. Internet web site “hits” are to be counted only if information is requested and supplied.]

Section I.E Reporting

States should report Summary Characteristics of Caregivers Serving Elderly Individuals by Service on Section I.E. ACL understands that due to increased demand and volume, there may be higher levels of missing client demographic data. ACL encourages States and aging network providers to collect and report demographic data to the greatest extent practicable. ACL also anticipates that any significant missing data and variances be explained, including those variances related to COVID response.

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States are encouraged to provide details about services provided in COVID response as a narrative entry in Section IV.A.

Section I.F Reporting

States should report Summary Characteristics of Grandparents and other Elderly Caregivers Providing Service to Children and Adults with Disabilities by Service on Section I.F. ACL understands that due to increased demand and volume, there may be higher levels of missing client demographic data. ACL encourages States and aging network providers to collect and report demographic data to the greatest extent practicable. ACL also anticipates that any significant missing data and variances be explained, including those variances related to COVID response.

States are encouraged to provide details about services provided in COVID response as a narrative entry in Section IV.A.

Service Expenditures as applied to COVID Response

Section II.A Reporting

Services to Older Adults

States should include FFCRA and CARES Act expenditures, as well as expenditures by States exercising flexibility under a major disaster declaration (MDD) for services reported under Section II.A.

Note: The COVID-19 crisis is expected to completely skew traditional meal service and meal counts. As a result, ACL is holding harmless meal counts from 2019 and will apply them to 2020 and 2021 NSIP allocations. States are not required to complete line 4a or 8a in the SPRs submitted for FFY 2020 and 2021.

Screenshot of Section II.A provided for reference:

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SECTION II. Utilization and Expenditure Profiles
A. Title III Utilization, Expenditure Profile (Except Title III-E) State ID _____ Fiscal Year: _____

A. Title III Utilization, Expenditure, and Program Income Received Profile (Except Title III-E)												
Cluster 1: Registered Services - Requiring Detailed Client Profile												
For Selected Services	Number of Providers	# of AAAs Direct Services Provision	Unduplicated Persons Served	# of Persons Served at High Nutrition Risk	Service Units	Title III Expenditure (includes Title IIIA NSIP)	Total Service Expenditure	Program Income Received	OAA Title III Expenditures (\$) Part B	OAA Title III Expenditures (\$) Part C1	OAA Title III Expenditures (\$) Part C2	OAA Title III Expenditures (\$) Part D
1. Personal Care												
2. Homemaker												
3. Chore												
4. Home Delivered Meals												

States should report Expenditures as follows:

Title III Expenditure (includes Title IIIA NSIP)	Total Service Expenditure	Program Income Received	OAA Title III Expenditures (\$) Part B	OAA Title III Expenditures (\$) Part C1	OAA Title III Expenditures (\$) Part C2	OAA Title III Expenditures (\$) Part D
Report regular OAA expenditures including: - Regular OAA NSIP funds - Regular OAA funds (Title III-B, C, or D) Note: do NOT include FFCRA, CARES Act, regular OAA funds expended under a MDD or Title III-E expenditures here	Report Total expenditures including: - Regular OAA NSIP funds, - Regular OAA funds, State general revenue and other sources (including state and local matching funds), - Program Income, - Regular OAA funds under the MDD flexibilities, - FFCRA OAA funds, and - CARES Act OAA funds	Report all program income collected for the service, regardless of funding source	Report regular OAA expenditures including: - Regular OAA funds Note: do NOT include FFCRA & CARES Act expenditures or regular OAA funds expended under a MDD here	Report regular OAA expenditures including: - Regular OAA funds Note: do NOT include FFCRA & CARES Act expenditures or regular OAA funds expended under a MDD here	Report regular OAA expenditures including: - Regular OAA funds Note: do NOT include FFCRA & CARES Act expenditures or regular OAA funds expended under a MDD here	Report regular OAA expenditures including: - Regular OAA funds Note: do NOT include FFCRA & CARES Act expenditures or regular OAA funds expended under a MDD here

Note: If regular Title III-E funds are used under MDD flexibilities for services reported on Section II.A, include the amount in the Total Service Expenditure and include the amount of Part E funds spent as a narrative entry on Section IV.A.

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States should also make a narrative entry in Section IV.A regarding FFCRA and CARES Act expenditures by Part, as well as any funds expended when exercising flexibilities under a MDD.

Example:

State exercised MDD flexibilities and used the following funding sources for Home Delivered Meals:

- \$9m of regular OAA Title III Part C2 funding,
- \$250k of regular OAA NSIP funding,
- \$5m of state general revenue and other sources (including state and local matching funds),
- \$2m in Program Income,
- \$500k of regular OAA Title III-D funding under the MDD flexibilities,
- \$1m of regular OAA Title III-E funding under the MDD flexibilities,
- \$6m in FFCRA OAA Title III Part C2 funding, and
- \$12m in CARES Act OAA Title III Part C2 funding

Title III Expenditure (includes Title IIIA NSIP)	Total Service Expenditure	Program Income Received	OAA Title III Expenditures (\$) Part B	OAA Title III Expenditures (\$) Part C1	OAA Title III Expenditures (\$) Part C2	OAA Title III Expenditures (\$) Part D
\$9,250,000	\$35,750,000	\$2,000,000			\$9,000,000	

The State should also make a narrative entry in Section IV.A regarding FFCRA and CARES Act expenditures by Part, as well as any funds expended when exercising flexibilities under a MDD. See Section IV.A, example 1 for more detail.

Section II.B & C Reporting

Services to Caregivers

States should include FFCRA or CARES Act expenditures, as well as expenditures by States exercising flexibility under a major disaster declaration (MDD) for services reported under Section II.B & C.

States are encouraged to provide details about Supplemental Services provided to Caregivers Serving Elderly Individuals and to Grandparents and other Elderly Caregivers Providing Service to Children and Adults with Disabilities in terms of COVID response. ACL encourages states to provide detail on the number of clients, units, and expenditures served via these Supplemental Services.

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The following are **ACL's recommendations for how to report Supplemental Services under Section IV.A in the SPR**, with examples updated for how to report due to COVID response. This is not an exhaustive list. These are the categories ACL identified as applicable given how services are being delivered related to COVID response.

Service Description / Name	Service Definition	Unit Name	Unit Definition	COVID Example
Homemaker -Delivery	Provision of assistance, including shopping for and delivery of groceries, prescriptions, or other supplies	Hour	The amount of time to provide assistance, including amount of time taken to drive to the store, shop, and deliver the groceries, prescriptions, or other supplies	<p>Hours of staff or volunteer time to provide assistance, including delivery of groceries, prescriptions, or other supplies, not otherwise reported as Respite, to benefit a <i>family caregiver (whether used by the caregiver or by the care receiver)</i>.</p> <p>Note: This is to report the amount of time spent in providing the assistance and/or delivery that is not otherwise reported as Respite. If the program is purchasing groceries, supplies, or other items, please see Consumable Supplies definition below for reporting on items purchased.</p>
Consumable Supplies	Provision of consumable supplies or material aid to benefit a family caregiver to meet basic necessities such as groceries, cleaning supplies, or continence items	Delivery	One delivery of assistance, regardless of the number of items in each delivery	<p>Groceries, cleaning supplies, personal hygiene supplies (including soap, toothpaste, toilet paper, sanitary wipes, incontinence supplies), cell phone or internet access, or other items purchased to benefit a <i>family caregiver (whether used by the caregiver or by the care receiver)</i>.</p> <p>Note: This is to report purchasing groceries, supplies, cell phone or internet access or other items with program funds. For reporting the amount of time spent in providing the delivery, please see Homemaker-Delivery definition above.</p>
Assistive Technology/ Durable Equipment/ Emergency Response	Durable Medical Equipment (chair lifts, wheelchairs, walkers, emergency response systems), anything given to or lent on a short-term basis, including technology or equipment provided	Item	One item of assistance	<p>Items such as tablet computers, cellphones, other technology or devices purchased to benefit a <i>family caregiver (whether used by the caregiver or by the care receiver)</i>.</p> <p>Note: Please report any expenditures related to cell phone or internet access plans under Consumable Supplies definition above.</p> <p>Items may be reported here if providing the item itself is the service (e.g., a personal emergency response system) or if the item can easily be individually reported. If an item is already included as part of a direct service expenditure (e.g., a program includes a tablet computer as part of their larger program design and is reimbursed</p>

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Service Description / Name	Service Definition	Unit Name	Unit Definition	COVID Example
	to benefit a family caregiver			on a contracted unit rate basis), the expenditure for the item can be included in the other program’s expenditure and does not have to be separately reported here.
Home Delivered Meal	A meal provided to benefit a family caregiver	Meal	One meal	Meals provided via home delivery, pick-up, carry-out or drive-through to benefit a <i>family caregiver (whether used by the caregiver or by the care receiver).</i>

Screenshot of Section II.B provided for reference:

Section II. Utilization and Expenditure Profiles
B. Title III-E Utilization, Expenditure, and Program Income Received Profile for Caregivers Serving Elderly Individuals

Caregiver Support Categories:	Title III-E Expenditures (Federal \$)	Total Service Expenditures (All Sources)	Program Income Received	# Caregivers Served	Units of Service	# of Providers (unduplicated)
Group 1				Unduplicated number of caregivers:		
1. Counseling/Support Groups						
Caregiver Training						
2. Respite Care						
3. Supplemental Services						
4. Self-Directed Care*						

States should report Expenditures as follows:

Title III-E Expenditure (Federal \$)	Total Service Expenditures (All Sources)	Program Income Received
Report regular OAA Title III-E expenditures Note: do NOT include Regular OAA funding expended under a MDD, FFCRA, or CARES Act expenditures here	Report Total expenditures including: - regular OAA funding - state general revenue and other sources (including state and local matching funds), - Program Income, - regular OAA funding under the MDD flexibilities, - FFCRA OAA funding, and - CARES Act OAA funding	Report all program income collected for the service, regardless of funding source

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Note: If Title III-B, C, or D funds are used under MDD flexibilities for services reported on Section II.B or C, there is no column by the Subparts. Just include the amount of Part B, C, or D funds spent as a narrative entry on Section IV.A.

States should also make a narrative entry in Section IV.A. regarding FFCRA and CARES Act expenditures by Part, as well as any funds expended when exercising flexibilities under a MDD.

Example:

State exercised MDD flexibilities and used the following funding sources for Supplemental Services:

- \$4m of regular OAA Title III Part E funding,
- \$3m of state general revenue and other sources (including state and local matching funds),
- \$1m in Program Income,
- \$500k of OAA Title III-D funding under the MDD flexibilities,
- \$1m of OAA Title III-B funding under the MDD flexibilities, and
- \$2m in CARES Act OAA Title III Part E funding.

Title III-E Expenditure (Federal \$)	Total Service Expenditures (All Sources)	Program Income Received
\$4,000,000	\$11,500,000	\$1,000,000

The State should also make a narrative entry in Section IV.A regarding FFCRA and CARES Act expenditures by Part, any funds expended when exercising flexibilities under a MDD, and any detail regarding Supplemental Services provided. See Section IV.A, example 2 for more detail.

Section II.E Reporting

Services to Older Adults

The following are **ACL's recommendations for how to report services under Section II.E Other Services in the SPR**, with examples updated for how to report due to COVID response. This is not an exhaustive list. These are the categories ACL identified as applicable given how services are being delivered related to COVID response.

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Service Description / Name	Service Definition	Unit Name	COVID Unit Definition	COVID Example
Consumable Supplies	Provision of consumable supplies or material aid to an older adult to meet basic necessities such as groceries, cleaning supplies, or continence items	Delivery	One delivery of assistance, regardless of the number of items in each delivery	<p>Groceries, cleaning supplies, personal hygiene supplies (including soap, toothpaste, toilet paper, sanitary wipes, incontinence supplies), cell phone or internet access, or other items purchased for use by an <i>older adult</i>.</p> <p>Note: This is to report purchasing groceries, supplies, cell phone or internet access or other items with program funds. For reporting the amount of time spent in providing the delivery, please see Homemaker definition above.</p>
Assistive Technology/ Durable Equipment/ Emergency Response	Durable Medical Equipment (chair lifts, wheelchairs, walkers, emergency response systems), anything given to or lent on a short-term basis, including technology or equipment provided for use by an older adult in their home to maintain safety, allow for socialization, and/or promote participation in activities from the older adult's home	Item	One item of assistance	<p>Items such as tablet computers, cellphones, other technology or devices purchased for use by an <i>older adult</i>.</p> <p>Note: Please report any expenditures related to cell phone or internet access plans under Consumable Supplies definition above.</p> <p>Items may be reported here if providing the item itself is the service (e.g., a personal emergency response system) or if the item can easily be individually reported. If an item is already included as part of a direct service expenditure (e.g., a program includes a tablet computer as part of their larger program design and is reimbursed on a contracted unit rate basis), the expenditure for the item can be included in the other program's expenditure and does not have to be separately reported here.</p>
Other Fitness / Health Promotion	Non-evidence based program services that include health screenings and assessments; organized physical fitness activities; medication management; home injury control services; and/or information, education, and prevention strategies for	Session	Session per participant	<p>Sessions provided in-person or virtually to conduct an exercise program or health education activity.</p> <p>Note: Please report Nutrition Education, Nutrition Counseling, Health Promotion and Disease Prevention (evidence-based), etc. under their normal categories. Use this category only if there is no more appropriate place to report.</p>

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Service Description / Name	Service Definition	Unit Name	COVID Unit Definition	COVID Example
	chronic disease and other health conditions			
Individual Socialization	Individualized contact between two people via phone, text, email, webinar, video chat, or other means to provide a well-being check, reassurance, and/or socialization to an older adult or family caregiver	Contact	One individualized contact, regardless of length of contact; the older adult should be reached and spoken to in order for the contact to be counted	Contacts by staff or volunteers between two people via phone, text, email, webinar, video chat, or other means to provide a well-being check, reassurance, and/or socialization to an older adult. Note: Use this category only if there is no more appropriate place to report.
Group Socialization	Contact among more than two people via phone, text, email, webinar, video chat, or other means to provide reassurance and/or socialization to older adults	Contact	One group contact, regardless of length of contact	Contacts by staff or volunteers among more than two people via phone, text, email, webinar, video chat, or other means to provide reassurance and/or socialization to older adults. Note: Use this category only if there is no more appropriate place to report.
Public Information	An activity that involves contact with multiple current or potential clients or caregivers (e.g., publications, publicity campaigns, and other mass media activities)	Activity	Information put together and shared (one post of information would count as an activity)	Activity by staff or volunteers in putting together a social media post, radio, or automated call announcement that is shared with the broader community regarding how you are providing services during COVID.
Senior Center	A community facility for the organization and provision of a broad spectrum of services, which shall include provision of health (including mental and behavioral health), social, nutritional, and educational services and the provision of	May vary	May vary	Service units may vary as allowed by state and may include in-person or virtual service provision. Note: Use this category only if there is no more appropriate place to report. States may report expenditures like rent and utilities for vacant senior centers under senior centers to reflect such expenditures resulting from COVID response needs. Such expenditures may be described in Section IV.A.

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Service Description / Name	Service Definition	Unit Name	COVID Unit Definition	COVID Example
	facilities for recreational activities for older individuals.			

Screenshot of Section II.E provided for reference:

SECTION II. Utilization and Expenditures Profiles
E. Other Services Profile

State ID: _____ Fiscal Year: _____

Service Name (Up to 30 Characters)	Service Unit Name (Up to 15 characters)	Mission/ Purpose Category	OAA Service Expenditure Amount	Total Service Expenditure Amount	Estimated Unduplicated Persons Served	Estimated Service Units
1.						
2.						
3.						

States should report Expenditures as follows:

OAA Service Expenditure Amount	Total Service Expenditure Amount
Report regular OAA expenditures including: - Regular OAA Title III-B, C, or D funding Note: do NOT include Title III-E, FFCRA or CARES Act expenditures or regular OAA funds expended under a MDD here	Report Total expenditures including: - Regular OAA funding - State general revenue and other sources (including state and local matching funds), - Program Income, - Regular OAA funding under the MDD flexibilities, - FFCRA OAA funding, and - CARES Act OAA funding

Note: Program Income Received is not reported on Section II.E, but is cumulatively reported for Other Services on Section II.A. The State should also make a narrative entry in Section IV.A regarding FFCRA and CARES Act expenditures by Part and any funds expended when exercising flexibilities under a MDD for services reported under Section II.E.

Example:

State exercised MDD flexibilities and used the following funding sources for Consumable Supplies:

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- \$4m of regular OAA Title III Part B funding,
- \$3m of state general revenue and other sources (including state and local matching funds),
- \$1m in Program Income,
- \$500k of OAA Title III-E funding under the MDD flexibilities, and
- \$2m in CARES Act OAA Title III Part B funding.

OAA Service Expenditure Amount	Total Service Expenditure Amount
\$4,000,000	\$10,500,000

The State should also make a narrative entry in Section IV.A regarding FFCRA and CARES Act expenditures by Part and any funds expended when exercising flexibilities under a MDD. See Section IV.A, example 3 for more detail.

Section IV.A Reporting

Services to Older Adults & Services to Caregivers

Section IV.A Developmental Accomplishments for Home and Community Based Services includes space for states to provide narrative descriptions by Service. States should make a narrative entry in Section IV.A regarding any use of any funds expended when exercising flexibilities under a MDD or with FFCRA or CARES Act funds by Part. If states need additional space to provide this detail, states may send information to ACL outside of the SRT, as is currently done with variance explanations.

States are encouraged to provide details about services provided in COVID response as a narrative entry in Section IV.A.

Example 1 (expenditures reported on Section II.A):

State exercised MDD flexibilities and FFCRA and CARES Act funding for \$35.75m of Total Expenditures on Home Delivered Meals:

- \$9m of regular OAA Title III Part C2 funding,
- \$250k of OAA NSIP funding,
- \$5m of state general revenue and other sources (including state and local matching funds),
- \$2m in Program Income,
- \$500k of OAA Title III-D funding under the MDD flexibilities,
- \$1m of OAA Title III-E funding under the MDD flexibilities,
- \$6m in FFCRA OAA Title III Part C2 funding, and
- \$12m in CARES Act OAA Title III Part C2 funding.

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State provided 10 meals per week for 12 weeks for 10,000 new clients as part of its COVID response for a Total Expenditure of \$12,000,000. State provided 2,200,000 meals to 20,000 regular clients outside of its COVID response for a Total Expenditure of \$22,000,000. State made \$1,750,000 in capital expenditures to purchase delivery vehicles and walk-in coolers.

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Example 2 (expenditures reported on Section II.B or II.C):

State exercised MDD flexibilities and CARES Act funding for \$11.5m of Total Expenditures on Supplemental Services:

- \$4m of regular OAA Title III Part E funding,
- \$3m of state general revenue and other sources (including state and local matching funds),
- \$1m in Program Income,
- \$500k of OAA Title III-D funding under the MDD flexibilities,
- \$1m of OAA Title III-B funding under the MDD flexibilities, and
- \$2m in CARES Act OAA Title III Part E funding.

Homemaker-Delivery – 10,000 clients, 120,000 units, \$2,500,000 Expenditures. State provided weekly shopping and grocery delivery for 12 weeks to family caregivers.

Consumable Supplies – 10,000 clients, 150,000 units, \$7,500,000 Expenditures. State provided \$50 in supplemental groceries and household supplies each week for 12 weeks for 10,000 clients. State also provided 30,000 units of monthly internet access (10,000 clients for 3 months).

Assistive Technology/ Durable Equipment/ Emergency Response – 10,000 clients, 10,000 units, \$1,500,000 Expenditures. State provided tablet computers to 10,000 caregivers to enable the caregivers to participate in caregiver support groups and interact with the older adults for whom they are caregiving.

Example 3 (expenditures reported on Section II.E):

State exercised MDD flexibilities and CARES Act funding for \$10.5m of Total Expenditures on Consumable Supplies:

- \$4m of regular OAA Title III Part B funding,
- \$3m of state general revenue and other sources (including state and local matching funds),
- \$1m in Program Income,
- \$500k of OAA Title III-E funding under the MDD flexibilities, and
- \$2m in CARES Act OAA Title III Part B funding.

Consumable Supplies – 10,000 clients, 150,000 units, \$7,500,000 Expenditures. State provided \$50 in supplemental groceries and household supplies each week for 12 weeks for 10,000 clients (120,000 units, \$6,000,000 Total Expenditures). State also provided 30,000 units of monthly internet access for 10,000 clients for 3 months (30,000 units, \$1,500,000 Total Expenditures).

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APPENDIX

Program Reporting Guidance – COVID Response

ACL Title III Older Americans Act – State Program Report (SPR) – Service Overview

ACL is not creating any new timeframes, service definitions, or new data elements for reporting. ACL is giving guidance and examples for states to use the existing SPR requirements and State Reporting Tool (SRT) system to report COVID response activities. Due to COVID response, ACL understands that clients, service units, expenditures, and expenditures per unit will differ greatly from prior year SPR reports. ACL asks states to do their best under challenging conditions to include detail on how COVID has affected program operations via narrative information reported on Section IV.A of the SPR and variance explanations, as appropriate. Please see the complete Reporting Guidance document for more detail.

The following are **existing SPR service names or recommended categories for Other Services and Supplemental Services**, with examples updated for how to report due to COVID response. This is not an exhaustive list. These are the categories ACL identified as applicable given how services are being delivered related to COVID response:

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Services to Elderly Individuals

Existing SPR Definitions

Service Name	Where reported on SPR	COVID Example
Home Delivered Meal	Sections I.A, I.C, I.D, II.A	Meals provided via home delivery, pick-up, carry-out or drive-through. Note: Please report all home delivered meals regardless of whether or not the meals meet DRI/DGA requirements. ACL anticipates that most meals related to COVID response will be reported as home delivered meals. Additionally, states may report capital expenditures like delivery vehicles and walk in coolers under home delivered meals to reflect such expenditures to meet COVID response needs. Such capital expenditures may be described in Section IV.A.
Congregate Meal	Sections I.A, I.B II.A	Meals provided in a congregate or group setting and eaten with another person (in-person or virtually), such as coordinating a buddy system or virtual congregate site via Zoom, FaceTime, GoToMeeting, etc. where people dine together. Note: States may report expenditures like rent and utilities for vacant congregate sites under congregate meals to reflect such expenditures resulting from COVID response needs. Such expenditures may be described in Section IV.A.
Nutrition Education	Sections I.A, II.A	Sessions, including distribution of printed materials, provided in-person or virtually by conducting a group call or online meeting (via phone, text, email, webinar, video chat, or other means) around how to continue to eat healthy and stay physically active during COVID.
Nutrition Counseling	Sections I.A, I.B II.A	Sessions provided in-person or virtually to counsel older adults on an individual basis (via phone, email, video chat, or other means) about how to maintain healthy eating habits based on their health conditions during COVID.
Homemaker	Sections I.A, I.C, I.D, II.A	Hours of staff or volunteer time to provide assistance, including delivery of groceries, prescriptions, or other supplies to client's residence. Note: This is to report the amount of time spent in providing the assistance and/or delivery. If the program is purchasing groceries, supplies, or other items, please see Consumable Supplies definition below for reporting on items purchased.

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Recommended Service Category for Reporting of Other Services

Service Name	Where reported on SPR	COVID Example
Consumable Supplies	Sections I.A, II.A, II.E	Groceries, cleaning supplies, personal hygiene supplies (including soap, toothpaste, toilet paper, sanitary wipes, incontinence supplies), cell phone or internet access, or other items purchased for use by an <i>older adult</i> . Note: This is to report purchasing groceries, supplies, cell phone or internet access or other items with program funds. For reporting the amount of time spent in providing the delivery, please see Homemaker definition above.
Assistive Technology/ Durable Equipment/ Emergency Response	Sections I.A, II.A, II.E	Items such as tablet computers, cellphones, other technology or devices purchased for use by an <i>older adult</i> . Note: Please report any expenditures related to cell phone or internet access plans under Consumable Supplies definition above. Items may be reported here if providing the item itself is the service (e.g., a personal emergency response system) or if the item can easily be individually reported. If an item is already included as part of a direct service expenditure (e.g., a program includes a tablet computer as part of their larger program design and is reimbursed on a contracted unit rate basis), the expenditure for the item can be included in the other program's expenditure and does not have to be separately reported here.
Other Fitness / Health Promotion	Sections I.A, II.A, II.E	Sessions provided in-person or virtually to conduct an exercise program or health education activity. Note: Please report Nutrition Education, Nutrition Counseling, Health Promotion and Disease Prevention (evidence-based), etc. under their normal categories. Use this category only if there is no more appropriate place to report.
Individual Socialization	Sections I.A, II.A, II.E	Contacts by staff or volunteers between two people via phone, text, email, webinar, video chat, or other means to provide a well-being check, reassurance, and/or socialization to an older adult. Note: Use this category only if there is no more appropriate place to report.
Group Socialization	Sections I.A, II.A, II.E	Contacts by staff or volunteers among more than two people via phone, text, email, webinar, video chat, or other means to provide reassurance and/or socialization to older adults. Note: Use this category only if there is no more appropriate place to report.
Public Information	Sections I.A, II.A, II.E	Activity by staff or volunteers in putting together a social media post, radio, or automated call announcement that is shared with the broader community regarding how you are providing services during COVID.
Senior Center	Sections I.A, II.A, II.E	Service units may vary as allowed by state and may include in-person or virtual service provision. Note: Use this category only if there is no more appropriate place to report. States may report expenditures like rent and utilities for vacant senior centers under senior centers to reflect such expenditures resulting from COVID response needs. Such expenditures may be described in Section IV.A.

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Services to Caregivers

Recommended Service Category for Reporting of Supplemental Services

Service Name	Where reported on SPR	COVID Example
Consumable Supplies	Sections I.E or I.F, II.B or II.C, IV.A	<p>Groceries, cleaning supplies, personal hygiene supplies (including soap, toothpaste, toilet paper, sanitary wipes, incontinence supplies), cell phone or internet access, or other items purchased to benefit a <i>family caregiver (whether used by the caregiver or by the care receiver)</i>.</p> <p>Note: This is to report purchasing groceries, supplies, cell phone or internet access or other items with program funds. For reporting the amount of time spent in providing the delivery, please see Homemaker definition above.</p>
Assistive Technology/ Durable Equipment/ Emergency Response	Sections I.E or I.F, II.B or II.C, IV.A	<p>Items such as tablet computers, cellphones, other technology or devices purchased to benefit a <i>family caregiver (whether used by the caregiver or by the care receiver)</i>.</p> <p>Note: Please report any expenditures related to cell phone or internet access plans under Consumable Supplies definition above.</p> <p>Items may be reported here if providing the item itself is the service (e.g., a personal emergency response system) or if the item can easily be individually reported. If an item is already included as part of a direct service expenditure (e.g., a program includes a tablet computer as part of their larger program design and is reimbursed on a contracted unit rate basis), the expenditure for the item can be included in the other program's expenditure and does not have to be separately reported here.</p>
Homemaker-Delivery	Sections I.E or I.F, II.B or II.C, IV.A	<p>Hours of staff or volunteer time to provide assistance, including delivery of groceries, prescriptions, or other supplies, not otherwise reported as Respite, to benefit a <i>family caregiver (whether used by the caregiver or by the care receiver)</i>.</p> <p>Note: This is to report the amount of time spent in providing the assistance and/or delivery that is not otherwise reported as Respite. If the program is purchasing groceries, supplies, or other items, please see Consumable Supplies definition below for reporting on items purchased.</p>
Home Delivered Meal	Sections I.E or I.F, II.B or II.C, IV.A	Meals provided via home delivery, pick-up, carry-out or drive-through to benefit a <i>family caregiver (whether used by the caregiver or by the care receiver)</i> .

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Reporting

Long Term Care Ombudsman Reporting Guidance for COVID Response

May 4, 2020 – Website Info Sheet – LTCO CARES Acts Reporting Overview

FAQS - PROGRAM REPORTING GUIDANCE – COVID RESPONSE

ACL Title III Older Americans Act – State Program Report (SPR)

June 4, 2020

1. How should SUAs report Program Income generated with funds expended under Major Disaster Declaration (MDD) flexibilities in the SPR? Is there a difference between how Program Income information is reported in the SPR versus in fiscal reports to ACL?

Program Income should be reported in the **SPR programmatic report** for the service from which it was collected. The SPR requires Program Income to be reported as follows:

- By service when expended as a part of Total Expenditures on Section II.A, II.B, II.C, and II.E, as appropriate
- By service when received (i.e., collected) under Program Income Received on Section II.A, II.B or II.C, as appropriate

Example: If a SUA was allowing expenditures for home-delivered meals to be charged to the Title III Part D program under the MDD flexibility, the Program Income generated from such home-delivered meals would be reported under home-delivered meals in the SPR.

Program Income should be reported on **fiscal reports** from the Title and Part which funds were collected and expended. Program Income must be reported on fiscal reports under the grant award number in which funds were collected and expended.

Example: If a SUA was allowing expenditures for home-delivered meals to be charged to the Title III Part D program under the MDD flexibility, the Program Income generated from such home-delivered meals would be reported under Title III Part D on fiscal reports as Program Income Earned. Once the Program Income Earned is expended it would be reported under the Title III Part D fiscal reports as Program Income Expended in accordance with the Addition Alternative as outlined at 45 CFR 75.307 (e)(2).

Usually, Program Income must be used to expand the service for which it was collected; for example, the Program Income generated from home-delivered meals from any funding source is to be used to expand the home-delivered meal service. However, as ACL stated in previous MDD fiscal guidance, Program Income collected can be “bucketed” for use on any program during the MDD time period. See [Fiscal FAQ: Major Disaster Declaration \(Word\)](#) for further information.

If SUAs have further questions, they may contact their Regional Administrator and/or Fiscal Specialist for assistance.

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2. Is nutrition risk and other demographic information still required to be reported in the SPR for those receiving home-delivered meals, homemaker, and other services while we are operating under a MDD and state restrictions?

Reporting of nutrition risk and other demographic information is still required for Older Americans Act, Families First Coronavirus Response Act and CARES Act funding, including while operating under a MDD or other state restrictions. Nutrition risk and other demographic data can be collected over the phone, on-line, or otherwise.

The demographic characteristics that are required by service are listed in the SPR reporting requirements at https://acl.gov/sites/default/files/programs/2020-01/State_Program_Report_0985-0008_Expires12312022.pdf.

For example, as OAA programs require certain information to establish eligibility for programs (such as age and/or caregiver status), this information is routinely collected and should continue to be reported. However, ACL understands that due to increased demand and volume under emergency response conditions, there may be higher levels of missing client demographic data. ACL encourages States and aging services providers to collect and report demographic data to the greatest extent practicable. ACL also expects that any significant missing data and variances be explained, including those variances related to COVID response.

3. Is the SUA required to use the terms, definitions, units of service, etc. described in the SPR reporting guidance if a similar service is already implemented in our state?

SUAs can continue to use the terms, definitions, and units of service the SUA has established where they align with SPR reporting guidance.

For example, if a SUA has a “Health Support Items” term and definition that is used for incontinence and other consumable supplies, there is no need for the SUA to change their use of the term “Health Support Items.” Assuming the unit definition is consistent with or easily convertible to the ACL guidance when the SUA submits their SPR, the SUA should map this service and include it under Consumable Supplies (or make manual edits to that effect). In so doing, SUAs can meet the ACL SPR Reporting Guidance, while allowing SUAs to maintain existing service terms.

4. For the Title III-E National Family Caregiver Support Program (NFCSP), we currently include meals as part of a Consumable Supplies subservice under Supplemental Services. Is that ok or should we track and report meals provided under the NFCSP separately?

ACL requests that SUAs separately track and report Home Delivered Meals, Consumable Supplies, Assistive Technology/ Durable Equipment/ Emergency Response, and Homemaker-Delivery provided via NFCSP Supplemental Services under Section IV.A, in accordance with the guidance provided at [Title III State Program Report: COVID-19 Response Reporting Guidance - May 11, 2020 \(Word\)](#). This will allow ACL to more consistently and clearly tell the story of the services provided by the aging network, including with supplemental funding, in response to COVID-19.

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5. Will the SPR re-design / OAAPS implementation for FY2022 be pushed back? We are quickly approaching FY2021, and I imagine during FY2021 everyone will need to begin “gearing up” for the new SPR / OAAPS.

Yes, the new SPR / OAAPS will be used to report FY 2022 data which covers the period October 1, 2021-September 30, 2022. If anything changes in that regard we will alert everyone.

ACL has scheduled seven upcoming training webinars to assist Title III state grantees with becoming knowledgeable of the new SPR and OAAPS. These webinars are scheduled between June 2, 2020 and October 7, 2020. For those of you who are not able to attend, we will also provide self-directed training materials on the [OAAPS](#) website to ensure that you are informed. We encourage you to review and become familiar with Title III technical documents on the OAAPS website as well. Please check the OAAPS website for the Title III training webinar schedule. In addition, please feel free to contact us at: ACL-OAAPS-PILOT@icf.com if you have any questions.

6. How should we report volunteer services (for example, in homemaker) that do not have expenditures tied to them?

Volunteer services are considered to be in-kind expenditures. Such in-kind expenditures can be counted towards match for OAA Title III grants. The in-kind expenditure should be based on what the program would have had to pay for this service if not provided by volunteers. In-kind expenditures should be reported on fiscal reports and on the SPR programmatic report.

Volunteer services should be reported in the **SPR programmatic report** by service and included as in-kind expenditures under Total Service Expenditure on Section II.A, II.B, II.C, and II.E, as appropriate.

For example, if the going rate for delivery staff is \$15/hour, the program should report units of delivery x \$15 to calculate the in-kind expenditures that would be reported under Total Service Expenditure for the Homemaker service. Please see 2 CFR 200.306 for more information.

States are also welcome to include detail like “All Homemaker units were provided by volunteers” on Section IV.A.

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Aging and Disability Resource Centers (ADRCs)

ADRC/No Wrong Door System Funding Opportunity: Critical Relief Funds for COVID-19 Pandemic Response

April 10, 2020 – FAQ – ADRC Emergency Funding Opportunity

COVID-19 ADRC Emergency Funding Opportunity

Frequently Asked Questions

Updated April 10, 2020

Are the webinar materials available online?

Yes, the webinar slides, recording, transcript and this FAQ document will be available online at ACL's COVID-19 website: <https://acl.gov/COVID-19>.

Where can I go for information on how to apply for a competitive grant?

Please visit ACL's webpage on "How to Apply for a Competitive Grant": <https://acl.gov/grants/applying-grants/how-apply>.

What is the difference between an ADRC system and a NWD System? Who is eligible to apply?

The first efforts to support states in improving access to long term services and supports (LTSS) began with funding opportunities granted to launch the Aging and Disability Resource Center (ADRC) program. Recognition that LTSS access systems involve multiple payers and providers soon emerged as the number of participating states grew, evolving the ADRC program into a "systems change" initiative known as the No Wrong Door (NWD) System. A NWD System is a network of community-based organizations, such as Aging and Disability Resource Centers, Area Agencies on Aging and Centers for Independent Living, and state agencies, coordinating efforts to provide streamlined access and better care coordination for older adults, individuals with disabilities, and their caregivers. For this funding opportunity state/territorial entities that oversee ADRC/NWD System activity are eligible to apply. Only one application per state/territory will be reviewed.

What would be an appropriate NWD System lead agency for this grant?

An ADRC/NWD System Lead Agency is typically the State Unit on Aging, the Medicaid Agency, or a Department/Agency overseeing Disability programs. If you are unable to determine the agency in your state, please reach out to nowrongdoor@acl.hhs.gov. How was the funding formula determined?

If states do not have a statewide ADRC or NWD System, are they still eligible to apply to use these funds for these activities?

Every state and territory has an access system to some degree, even though it may not be called an ADRC or NWD. So yes, any state/territory that supports access to long term services and supports to older adults, individuals with disabilities, and caregivers is eligible to apply.

What constitutes a "designated" ADRC? Can funds be allocated to ADRCs that are not "designated"?

The designation of an ADRC is determined by the state/territory. This can be formal designation via statute or an informal partnership. The discretion to sub-grant and allocate funds to local agencies such as ADRCs is up to the state/territorial grantee.

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How will the state lead agency allocate funds to the ADRCs? Are ADRCs allowed to contract with local service organizations to provide services?

This decision will ultimately be up to the state and how grant funds are typically distributed. ADRCs may contract with the state lead agency, have a contract or MOU, or funds may be allocated via an existing formal relationship.

How should states best coordinate efforts among state agencies (i.e., state assistive technology programs, Medicaid agency, State Unit on Aging, disability agencies, etc.)?

States are encouraged to work with other state agencies by partnering to assess the needs of the community, formally contract to share resources or to provide financial support for their programs, and/or collaborate on mitigating burden on local agencies by streamlining access functions. A list of potential partners and key stakeholders can be found on page 3 of the FOA.

What needs to be included in the budget justification in the application? Is there a template for this?

There is no template for the budget narrative and we do not expect too much detail. We ask for an estimate of how funds will be used by cost category and with brief explanation. See pages 24-26 of the FOA for an example of a standard budget template.

What should be included in the Project Narrative? Should it be single or double spaced? Are states allowed to submit attachments to provide more information?

There is no specific format for the project narrative, only a one page submission is required. We ask for contact information, a list of local ADRC agencies in the state, their geographic service area if not statewide, and a brief description of how funds will be used. Attachments may be included.

What is the time period for the grant? When would the budget period begin? Does ACL anticipate allowing for no-cost extensions?

The budget period will begin as soon as a formal Notice of Grant Award is received by the state agency, which will be on or around May 1, 2020. The budget and project period will be 12 months. ACL will grant no-cost-extensions as necessary after the 12-month grant period.

Will this grant be considered as a new grant or a continuation?

This will be a new grant.

How was the funding formula determined? What is the funding allocation?

ADRCs focus on serving older adults and individuals with disabilities, two populations significantly impacted by COVID-19. As such, funding distribution is based on the number of individuals in the state who are age 60 and older (based on 2018 Census data) and individuals of all ages with disabilities (based on 2017 American Community Survey data). Based on these population estimates, states and territories were sorted into six tiers, each of which will correspond with a different funding level as shown below:

State/Territory	Tier	Funding Amount
Alabama	Tier 3	\$750,000.00
Alaska	Tier 1	\$300,000.00
American Samoa	Tier 1	\$300,000.00

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Arizona	Tier 4	\$1,100,000.00
Arkansas	Tier 2	\$450,000.00
California	Tier 6	\$3,000,000.00
Colorado	Tier 3	\$750,000.00
Connecticut	Tier 2	\$450,000.00
Delaware	Tier 1	\$300,000.00
District of Columbia	Tier 1	\$300,000.00
Florida	Tier 6	\$3,000,000.00
Georgia	Tier 5	\$1,700,000.00
Guam	Tier 1	\$300,000.00
Hawaii	Tier 1	\$300,000.00
Idaho	Tier 1	\$300,000.00
Illinois	Tier 5	\$1,700,000.00
Indiana	Tier 4	\$1,100,000.00
Iowa	Tier 2	\$450,000.00
Kansas	Tier 2	\$450,000.00
Kentucky	Tier 3	\$750,000.00
Louisiana	Tier 3	\$750,000.00
Maine	Tier 1	\$300,000.00
Maryland	Tier 3	\$750,000.00
Massachusetts	Tier 4	\$1,100,000.00
Michigan	Tier 5	\$1,700,000.00
Minnesota	Tier 3	\$750,000.00
Mississippi	Tier 2	\$450,000.00
Missouri	Tier 4	\$1,100,000.00
Montana	Tier 1	\$300,000.00
Nebraska	Tier 1	\$300,000.00
Nevada	Tier 2	\$450,000.00
New Hampshire	Tier 1	\$300,000.00
New Jersey	Tier 4	\$1,100,000.00
New Mexico	Tier 2	\$450,000.00
New York	Tier 6	\$3,000,000.00
North Carolina	Tier 5	\$1,700,000.00
North Dakota	Tier 1	\$300,000.00
Northern Mariana Islands	Tier 1	\$300,000.00
Ohio	Tier 5	\$1,700,000.00
Oklahoma	Tier 3	\$750,000.00
Oregon	Tier 3	\$750,000.00
Pennsylvania	Tier 6	\$3,000,000.00
Puerto Rico	Tier 3	\$750,000.00
Rhode Island	Tier 1	\$300,000.00
South Carolina	Tier 3	\$750,000.00
South Dakota	Tier 1	\$300,000.00
Tennessee	Tier 4	\$1,100,000.00
Texas	Tier 6	\$3,000,000.00

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Utah	Tier 2	\$450,000.00
Vermont	Tier 1	\$300,000.00
Virginia	Tier 4	\$1,100,000.00
Virgin Islands	Tier 1	\$300,000.00
Washington	Tier 4	\$1,100,000.00
West Virginia	Tier 2	\$450,000.00
Wisconsin	Tier 3	\$750,000.00
Wyoming	Tier 1	\$300,000.00

Is a state allowed to apply for more funds than outlined in the funding allocation?

States may submit any budget total they wish, however at this time we will only be awarding the amount allocated per the funding formula described above.

Are matching funds required?

No. This funding opportunity does not require matching funds.

Is the state allowed to use the funds for state-level initiatives around COVID-19?

Yes. Funds may be used at the state level or may be contracted out.

What activities may the funds be used for (i.e., administrative and staff costs, PPE, assistive technology, equipment to deliver services virtually, access to nutritional needs, rent assistance, data collection and sharing systems, education, assisting caregivers, or employment, etc.) to support ADRC functions and clients?

All of the above are great examples of how funds may be used. States will have the discretion to allocate funds based on current priorities and needs. Funds may support staff/administrative costs, may support direct service needs, as appropriate for older adults and individuals with disabilities, funds may support technology enhancements at the state or local level, access to food delivery services, virtual education/training needs, etc. Additional examples are provided in the FOA.

Can the funds be allocated to individuals under the age of 60 (i.e., individuals with disabilities, individuals not on HCBS waivers)? What populations can states serve with these funds?

Yes, ADRC/NWD Systems serve all populations regardless of age, income or disability. There is no dependency on age, Medicaid waiver status, or type of disability.

What is expected of the state in terms of sub-contracting with ADRCs or other local providers? May ADRCs distribute funds to disability service providers?

The decision on how to sub-contract and the contract terms is ultimately up to the state agency. ADRCs may distribute funds to other disability service providers as needed.

What organizations can the ADRCs partner with to perform these activities?

Partnering organizations may include ADRCs, CILs, AAAs, developmental disabilities organizations, University Centers for Excellence in Developmental Disabilities Education, Research & Service (UCEDDs), behavioral health organizations, Protection and Advocacy Agencies, aging services organizations, faith-based organizations, Native American tribal organizations (American Indian/Alaskan Native/Native Hawaiian), nutrition program providers and other local service providers for persons with disabilities and/or older adults.

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What is the role that State Assistive Technology (AT) programs can plan in supporting these activities and assessing need? Are they also receiving funds?

State AT programs provide critical access to technology devices and training for older adults, people with disabilities, caregivers and clinicians to understand how to use telehealth technologies and provide access to devices that allow independence in activities of daily living. Find out more about the AT programs in your state here: <https://www.at3center.net/> At this time, AT programs do not have separate funding stream specifically devoted to respond to COVID-19 emergency but would be logical partners to receive funds through this effort.

May the funds be used for activities or incurred expenses prior to the grant period?

Unfortunately, no. Funds from this FOA award may only be used for activities occurring during the 12-month project period.

Do all organizations receiving the funds need to conduct the same activities or can the application outline that each organization may utilize the funds based on their specific needs?

Funds may be utilized in different ways by varying avenues based on specific need. All funds do not have to be used the same way.

Could you provide examples of how ADRCs will assess people most at risk?

ACL will provide additional technical assistance around the rapid assessment process after funds are awarded. However here are a few options to consider:

1. Assess current workloads or capacity and challenges with working remotely at the local level
 - d. Survey local-level staff
2. Assess most pressing population needs, services that have been discontinued, or services where demand has increased dramatically due to COVID, and other areas where capacity is smaller than demand.
 - a. Evaluate waitlists, if any, and review data reported on types of referrals to identify any increases in types of services requested
 - b. Assess any potential ways to improve data tracking and intake to specifically count COVID-related inquiries and referral types
3. Assess populations most at risk of COVID-19 who are seeking transitional support from hospital-to-home and nursing home-to-home to release additional pressure on hospitals and nursing homes;
4. Assess populations most at risk of social isolation.
 - a. Explore existing data on people at risk for social isolation pre-COVID-19 and develop an outreach plan to address changes in need.
 - b. Explore existing data on people who are now homebound due to COVID-19 and develop an outreach plan to identify need.
5. To the extent possible, these assessments should be consistent and systematic across the state, as they may help inform state strategy and funding allocations.

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