

CALIFORNIA DEPARTMENT OF AGING
Long-Term Care and Aging Services Division
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Frequently Asked Questions - #1

Guidance for Area Agencies on Aging for Coronavirus Disease 2019 (COVID-19)

Released - March 10, 2020

1) Do AAAs have the flexibility to provide take-home or brown bag meals for congregate clients?

Yes. AAAs have the flexibility to allow take-home meals or brown bags meals to congregate clients. Meals will be counted as Title IIIC-1 meals. Note - meals must meet Dietary Guidelines for Americans (DGA) and provide 1/3 of Dietary Reference Intakes (DRI) to be counted.

2) Can in-home eligibility re-assessments for home-delivered meal (HDM) clients be deferred due to risk of COVID-19?

Yes. Scheduled eligibility reassessments for HDM clients can be conducted via phone during the COVID-19 state of emergency and the reason for phone visit noted in the client's file. Scheduled in-home visits for eligibility reassessments are to be reinstated when the state of emergency or county state of emergency has lifted.

3) Can service providers purchase and distribute emergency meals (shelf stable meals or brown bag meals) in the event that they are unable to prepare meals in the kitchen?

Yes. AAAs may purchase and distribute emergency meals in the event they are unable to prepare meals. Meals will be counted as C-1 or C-2 meals as appropriate. Note - meals must meet Dietary Guidelines for Americans (DGA) and provide 1/3 of Dietary Reference Intakes (DRI) to be counted.

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Frequently Asked Questions - #2

Guidance for Area Agencies on Aging for Coronavirus disease 2019 (COVID-19)

Released March 12, 2020

General Guidance for Programs

1) Can AAAs/service providers suspend services due to the risk of COVID-19?

Governor Newsom announced on 3/11/20 that the state's public health experts have issued an updated policy on gatherings to protect public health and slow the spread of COVID-19. The updated guidance included the following information:

- Gatherings should be postponed or canceled across the state until at least the end of March. Non-essential gatherings must be limited to no more than 250 people, while smaller events can proceed only if the organizers can implement social distancing of 6 feet per person.
- Gatherings of individuals who are at higher risk for severe illness from COVID-19 should be limited to no more than 10 people, while also following social distancing guidelines.
- The updated policy defines a "gathering" as any event or convening that brings together people in a single room or single space at the same time, such as an auditorium, stadium, arena, large conference room, meeting hall, cafeteria, or any other indoor or outdoor space.
- This applies to all non-essential professional, social, and community gatherings regardless of their sponsor .

Please see links for further detail.

<https://www.gov.ca.gov/2020/03/11/california-public-health-experts-mass-gatherings-should-be-postponed-or-canceled-statewide-to-slow-the-spread-of-covid-19/>

[https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH Document Library/Gathering_Guidance_03.11.20.pdf](https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Gathering_Guidance_03.11.20.pdf)

Source: Governor Newsom Press Release 3/11/20 and CDPH updated policy on gatherings

Title IIIC-1 (Congregate) and IIIC-2 (Home-delivered)

- 2) Can service providers deliver meals to registered C-1 clients who are unable to attend a congregate meal site (example: site closure or transportation issue) or who are unwilling (example: social distancing) to pick-up meals distributed onsite?**

Yes. Meals delivered to congregate clients who are unable or unwilling to attend a congregate meal or unable or unwilling to pick up meals distributed onsite are counted as C-1 meals in CARS (or in the database used) and are also to be tracked as “C-1 COVID19”. The AAA should have a system in place to track “C-1 COVID19” meals.

Meals delivered to congregate clients should not be counted as C-2 meals since the congregate clients do not have the other characteristics of C-2 clients such as the need for assistance with ADLs, lack of ability to prepare meals independently, etc.

Source: ACL

- 3) Are AAAs required to account for C-1 meals that are picked up or delivered to C-1 clients separately from C-1 meals consumed in a congregate setting and, if so, will AAAs need to set up a new meal code in Q CareAccess Database?**

AAAs are required to have a system in place to track the number of meals provided to C-1 clients that are not consumed in a congregate setting. These meals are to be tracked as “C-1 COVID19”. This information may be requested in the future and may also play a role in emergency funding.

AAAs do not need to set up a separate meal code in CARS or Q CareAccess Database (or other data system used) for meals picked up or delivered to C-1 clients. The AAAs have flexibility to determine the simplest system that works for their providers to track “C-1 COVID19” meals.

Source: ACL and CDA

- 4) Can service providers distribute bulk shelf-stable or frozen meals to clients?**

Yes. Providing shelf-stable or frozen meals in bulk (example: meals for one to two weeks) is allowed and is a prudent practice in an effort to minimize contact during concerns related to COVID-19.

Source: CDA

5) Is there flexibility in meeting the Dietary Guidelines for Americans and Dietary Reference Intake standards if nutrition providers are impacted by supply chain or employee/volunteer shortages due to COVID-19?

All meal components must be included in meals. AAAs and nutrition providers have flexibility in meeting dietary guidelines for sodium, fat, whole grain, and fiber during the COVID-19 pandemic.

Source: CDA

6) Do nutrition providers have flexibility in making unplanned menu changes and substitutions?

Yes. Nutrition providers should work with provider RD or AAA RD to establish acceptable menu changes and substitutions that will allow flexibility to accommodate supply chain shortages while still providing meals that meet nutritional guidelines as outlined in Question 5 of this document.

Source: CDA

7) What is the guidance for C-2 drivers concerned about delivering to a client who may have been exposed to COVID-19 and for C-2 drivers who may be sick?

HDM drivers can minimize contact by placing meal(s) on doorstep, ringing bell or knocking, and waiting in vehicle until client or caregiver answers the door and takes the meal. If the client or caregiver does not answer the door and take the meal, standard practices used for client not at home (such as door tag) are to be followed.

Advise staff or volunteers that they should stay away from work or other people if they become sick with respiratory symptoms like fever and cough. Additionally, individuals should take the following steps to protect themselves and those around them:

- Washing hands with soap and water
- Clean and disinfect frequently touched surfaces daily. If surfaces are dirty, clean them using detergent or soap and water prior to disinfection
- Avoiding touching eyes, nose or mouth with unwashed hands
- Cover your cough or sneeze with a tissue or your elbow
- Avoiding close contact with people who are sick
- Following guidance from state and local public health officials

See link for CDC Resources (handouts and posters):

<https://www.cdc.gov/coronavirus/2019-ncov/communication/factsheets.html>

Source: ACL, CDPH, CDC

8) Can in-home assessments for new home-delivered meal clients be deferred due to risk of COVID-19?

Yes. In-home assessments for new HDM clients can be deferred until the risk of COVID-19 has abated (i.e. when the state of emergency or county state of emergency has been lifted). Assessment questions should be answered in a phone interview to the best of the interviewer's ability within 2 weeks of the beginning of service.

Source: ACL, CDA

Title IIIB

9) Should regular services for programs that require close contact like Personal Care, Homemaker, Chore, Transportation etc. be cancelled due to risk of COVID-19?

Services that require close contact should be triaged by risk to the participant. Only services that are considered essential to the participant's health and safety should be delivered. Program managers should work with the participants over the phone to explore alternative solutions for non-essential services.

Source: ACL, CDA

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Frequently Asked Questions - #3

Guidance for Area Agencies on Aging for Coronavirus Disease 2019 (COVID-19)

Released March 19, 2020

General Guidance for Programs

- 1. Can the requirement for an RFP for new local home delivered meals contractors be waived so that new home delivery contract can be quickly executed quickly?**

The **California Code of Regulations (CCR) 7360 Noncompetitive Awards** allows for non-competitive awards when a public emergency exists. However, it is important to note that emergency contracts must be a reasonable time associated with the emergency. For example, if the emergency covers a two-month period, it would be considered unreasonable for the AAA to execute a contract for more than 6 to 12 months.

Source: CCR

Guidance for Title V/SCSEP

- 2. Should participants continue their community service/work experience activities scheduled at Host Agency sites that remain open?**

Per Governor Gavin Newsom's Coronavirus press conference held Sunday, March 15, 2020, new statewide guidance for adults age 65 and older or those with underlying health conditions is to practice self-isolation.

If more restrictive guidelines have been issued at the local level in affected counties (e.g. shelter in place), SCSEP participants should follow those directives.

Title III C

- 3. REVISED: Can service providers deliver meals to registered C-1 clients who are unable to attend a congregate meal site (example: site closure or**

transportation issue) or who are unwilling (example: social distancing) to pick-up meals distributed onsite?

Yes. Meals delivered to congregate clients who are unable or unwilling to attend a congregate meal or unable or unwilling to pick up meals distributed onsite are counted as C-1 meals in CARS (or in the database used) and are also to be tracked as “C-1 COVID19”. The AAA should have a system in place to track “C-1 COVID19” meals. **Please continue following the guidance above. Continue to count meals delivered to C-1 clients as C-1 meals and track them as “C-1 COVID19” meals. Any changes in guidance from the ACL that could result in revisions to how these meals are counted will be taken care of internally by the CDA and no AAA process or procedural changes will be required.**

Source: ACL, CDA

4. How should voluntary contributions be handled when providing meals in a drive-through option?

Voluntary contributions to clients using the drive-through option should be handled in the same manner as C-2. Provide those who participate using the drive-through option a copy of the voluntary contribution letter used for your C-2 clients, thus giving them the opportunity to contribute to the cost of the program.

Source: CDA

5. Can containers for to-go (i.e. take-out meals) be purchased with IIC funds?

Yes. Using IIC funds to purchase containers for packaging and distributing to-go meals is allowable.

Source: CDA

6. Do nutrition providers have the ability to count unplanned waste as meals served since it will be impossible to predict accurate serving levels during the COVID-19 pandemic?

No. Food waste or meals that are not served to clients may not be counted as meals. It is advised that nutrition providers strive to utilize meals by employing strategies such as freezing undistributed meals for future distribution, providing extra meals to those who pick up meals, deliver extra meals to C1 clients unable to pick up meals, deliver extra meals to C2 clients. Note – multiple meals may be provided to clients and counted accordingly.

Source: CDA

7. Can home-delivered meals be carried in ice chests?

The same food safe safety requirements apply: Potentially hazardous food is to be maintained at or above 135°F, or at or below 41°F. Meals may be delivered in ice chests as long as cold food is kept at or below 41°F and frozen food is kept in a frozen state.

Source: California Retail Food Code 113996(a)

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Frequently Asked Questions - #4

Guidance for Area Agencies on Aging for Coronavirus Disease 2019 (COVID-19)

Released March 25, 2020

AAA Administration

- 1. Can all Area Plan activities such as development, public hearings, and the May 1st deadline be suspended?**

All Area Plan requirements such as public hearings, development, service unit projections, and planning are temporarily suspended until further notice. The suspension includes the May 1st deadline for the new 2020-2024 Area Plan.

Source: ACL, CDA

- 2. Can CDA and the Area Agency on Aging (AAA) temporarily suspend onsite monitoring during the COVID-19 national emergency?**

The State is temporarily suspending onsite monitoring of AAAs and AAAs have discretion to temporarily suspend monitoring of their providers during the COVID-19 national emergency.

Source: ACL, CDA

Senior Community Service Employment Program (SCSEP)

- 3. Are SCSEP participants eligible for Emergency Paid Sick Leave?**

On March 16, 2020 CDA was advised by the Department of Labor (DOL) to review, amend or initiate a policy that governs paid sick leave. In response, CDA has developed Emergency Sick Leave Guidance for SCSEP subgrantees to mitigate potential negative effects of COVID-19 on SCSEP participants. CDA subgrantees are approved to allow all currently active participants who are not on an approved break in service to receive this emergency benefit. The guidance is designed to protect our communities and the older adults we serve by limiting the risk to SCSEP participants' health and safety while simultaneously minimizing disruption to their pay. (SCSEP Emergency Guidance attached)

Source: DOL

Title IIIB-E Supportive Services/Family Caregiver Support

4. For any IIIB services that have been temporarily suspended, can another IIIB service category be delivered instead?

Services that are temporarily suspended due to health and safety concerns that cannot be reasonably delivered remotely may be changed to another IIIB service category that can be delivered remotely instead. For example, Adult Day Care services could be changed to Telephone Reassurance services or Transportation could be changed to Chore for delivering groceries. All services that are changed this way for disaster relief are not subject to Area Plan requirements such as public hearing or a change to service units projected. The AAA must track the modified service units as COVID-19 services and then can be reported through CARS as the service category which best describes the activity provided. For example, if a transportation provider picks up groceries and delivers them to a client and the process takes an hour, it would be recorded as one hour of chore services. The AAA will need to be prepared to advise CDA on the number of COVID services that were provided.

Source: ACL, CDA

5. Can any OAA funded services under Titles IIIB and IIIE that are usually delivered in-person be delivered remotely instead?

Any OAA funded services that can be delivered remotely such as by telephone, computer, or other alternative means can be done without a change to the service category. Examples could include a support group held via conference call, caregiver training provided telephonically, or case management provided without a face-to-face assessment. Service units should be reported in their "usual" category, but it would be useful to know how many of the services were provided in alternate format due to the COVID-19 emergency. Track the service units as COVID-19 to report to CDA at a later time.

Source: ACL, CDA

6. What are the guidelines for delivering in-person services that are determined to be essential?

Please follow the guidelines set by your state and local public health officials. Advise staff or volunteers that they should stay away from work or other people if they become sick with respiratory symptoms like fever and cough. Additionally, individuals should take the following steps to protect themselves and those around them:

- Wash hands often with soap and water for at least 20 seconds, especially after blowing your nose, coughing or sneezing or having been in a public place
- Clean and disinfect frequently touched surfaces daily. If surfaces are dirty, clean them using detergent or soap and water prior to disinfection
- Avoid touching eyes, nose or mouth with unwashed hands
- Cover your cough or sneeze with a tissue or your elbow
- Avoid close contact with people who are sick

See link for CDC Resources (handouts and posters):

<https://www.cdc.gov/coronavirus/2019-ncov/communication/factsheets.html>

Source: ACL, CDPH, CDC

Fall Prevention

7. Can Dignity At Home Fall Prevention grant funding be used to develop videos (for YouTube) and/or conduct video/online classes (e.g., Zoom)?

Fall Prevention funding can be used to create videos as part of providing “information and education.” However, Fall Prevention funding cannot be used for any forms of exercise, strength or balancing classes. If the created videos are related to in-home safety assessments to avoid falls this would be an allowable activity.

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Frequently Asked Questions - #5
Guidance for Area Agencies on Aging for Coronavirus Disease 2019
(COVID-19)

Released: April 6, 2020

Area Agency on Aging (AAA) Administration

1. What flexibility do AAAs have to provide disaster relief services with Title III funding?

Due to Presidential approval on March 22, 2020 of the California Major Disaster Declaration under the Stafford Act, Title III service providers are given additional flexibility in providing disaster relief services. This includes the ability to redirect funds and services between Title III programs. Consult with your legal and contracts staff for questions regarding the contractual obligations of your sub-contractors. Keep records of all specific fiscal and program reporting of funds and services reallocated for disaster relief identified as "COVID-19" with notes that describe what was provided and what services were initially planned, but not provided. The method or system used to track this information is at the AAAs discretion. (Example: For "COVID-19" disaster relief an amount of \$X, XXX originally budgeted for III-B Transportation to provide ##### rides were used to deliver ##### of III-C Home Delivered Meals.)

Source: ACL

2. Can AAAs extend existing contracts on a month to month basis during the COVID-19 emergency?

The California Code of Regulations (CCR) 7360 Noncompetitive Awards allows for non-competitive awards when a public emergency exists. Thus, your entity already has the flexibility to make or extend a non-competitive award based on the COVID-19 emergency. Such award, which is based on an emergency, does not require CDA's approval. However, it requires proper documentation. It is important to note that emergency contracts must be a reasonable time associated with the emergency. For example, if the emergency covers a two-month period, it would be considered unreasonable for the AAA to execute a contract for more than 6 to 12 months.

Source: CDA, CCR

Title III C Nutrition

3. Given the Governor's Order, will we be able to postpone scheduled kitchen inspections until the order has been lifted?

Yes. The AAAs have the discretion to temporarily suspend monitoring of their service provides during the COVID-19 national emergency.

Source: ACL, CDA

4. Can AAAs or subcontractors provide clients multiple meals to be consumed in one day?

Yes. It is allowable to provide more than one meal per day to clients. If providing two meals per day, two-thirds of Dietary Reference Intakes (DRI)s would need to be met. As noted in FAQ #2, Question 5, AAAs and nutrition providers have flexibility in meeting dietary guidelines for sodium, fat, whole grain, and fiber during the COVID-19 pandemic.

Source CDA

5. With some food becoming more difficult to source, how closely do providers need to follow the meal component pattern?

All meal components must be included in meals. AAAs and nutrition providers have flexibility in meeting dietary guidelines for sodium, fat, whole grain, and fiber during the COVID-19 pandemic. Nutrition providers should work with their RD or the AAA RD to establish acceptable menu changes and substitutions that will allow flexibility to accommodate supply chain shortages, while still providing meals that meet nutritional guidelines.

Source: CDA

6. Can providers proactively purchase and store shelf-stable emergency meals for distribution when needed, even if used in the next fiscal year?

Shelf-stable meals may be purchased for later distribution through the end of the current contract period, based on anticipated need. Meals not utilized during the current contract period may be used in a future period. Expiration dates of shelf-stable meals must be observed, and clients should be advised of expiration date when meals are delivered.

Source: CDA

7. Do Title III C-1 clients receiving meals need to sign for meals?

Title III C-1 clients do not need to physically sign for meals during the pandemic. It is acceptable for the person distributing the meal to also mark the meal as received by the client. It is at the AAAs discretion to determine a procedure for

accurately collecting data on meals served. As detailed in FAQ #3, Question 3, AAAs should continue to count meals delivered to C-1 clients as C-1 meals and track them as “C-1 COVID19” meals.

Source: CDA

8. Would shelf-stable meals delivered by Fed-Ex/UPS be allowable if providers obtain a signature from Fed-Ex/UPS?

Yes. Delivery of self-stable meals by Fed-Ex/UPS is allowable due the COVID-19 national emergency.

Source: ACL

9. With the mandated closure of all non-essential services in the state, are non-profits allowed to work during this pandemic to continue to provide Title III C-2 meals?

Employees/volunteers providing meals to older adults are exempt from the Governor’s shelter-in-place order. Exemption includes, “Workers who support food, shelter, and social services, and other necessities of life for economically disadvantaged or otherwise needy individuals, such as those residing in shelters”.

Source: CDPH

10. If congregate sites are closed due to COVID-19 and services are not being provided, can service providers invoice based on an average meal service for the month to keep staff and program operational?

No. Service providers can only invoice for meals that are served to clients.

Source: CDA

11. Can Title III C-1 dollars be moved to Title III C-2 if congregate meal sites are closed and meals are delivered to congregate clients?

Due to presidential approval on March 22, 2020 of the California Major Disaster Declaration under the Stafford Act, Title III AAAs and service providers are given additional flexibility in providing disaster relief services. This includes the ability to redirect funds and services between Title III programs without the need to submit a transfer request. AAAs and service providers should be prepared to track COVID-19 related expenditures using Title III funding and number of persons and meals served.

Source: ACL

12. How should the requirement for quarterly nutrition education be met for Title III C-1 clients?

The requirement for quarterly nutrition education for Title III C-1 clients may be met by distributing printed materials to Title III C-1 clients quarterly. The requirement for providing Title III C-1 nutrition education presentations or small group discussion is waived during this pandemic. Pertinent topics to consider for nutrition education include tips for fiber, hydration, and limiting sodium (especially if clients are receiving higher sodium shelf stable meals).

Source: CDA

Title IIID Disease Prevention & Health Promotion

13. Can Title IIID evidence-based programs (EBP) be delivered remotely during the COVID-19 pandemic?

Some Title IIID EBPs may be delivered using alternative methods, such as web-based conferencing programs, to continue providing services in the case of prolonged shelter-at-home guidance.

The National Council on Aging (NCOA) provides a resource to track health promotion program guidance during the COVID-19 pandemic. Health programs are providing specific guidance on how to proceed when in-person programs are not possible. Use the following link to check for guidance on EBP (this page will be updated as guidance is provided by individual programs):

<https://www.ncoa.org/news/ncoa-news/center-for-healthy-aging-news/track-health-promotion-program-guidance-during-covid-19/>

Please note, not all programs listed are approved Title IIID EBPs. For a listing of approved EBPs, please refer to <https://www.ncoa.org/resources/ebpchart/> or contact CDANutritionandHealthPromotion@aging.ca.gov.

Source: ACL, NCOA

14. Can Title IIID funding be used to develop videos (for YouTube) and/or conduct video/online classes (e.g., Zoom)?

Title IIID funding can be used to conduct live video/online evidence-based health promotion classes using video platforms (such as Zoom or WebEx) where remote implementation is feasible. Refer to the following link for guidance on specific programs: <https://www.ncoa.org/news/ncoa-news/center-for-healthy-aging-news/track-health-promotion-program-guidance-during-covid-19/>. The AAA

and/or provider must have a procedure for identifying and counting clients attending the session.

Title IIID funding cannot be used to develop videos for YouTube for remote implementation. There is not a reliable way to identify clients who participate in the session. Additionally, videos would be available to the public, making it difficult to determine eligibility and accurate reporting.

Source: ACL, NCOA, CDA

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Frequently Asked Questions - #6
Guidance for Area Agencies on Aging for Coronavirus Disease 2019
(COVID-19)

Released: April 20, 2020

Area Agency on Aging (AAA) Administration

1. Is flexibility available regarding Data Reporting Due Dates?

The data reporting due date of April 30, 2020 for CARS Older Americans Act Data and California Uniform Reporting System (URS) for Title III-B Legal Services Quarter 3 Data (Q3) has been suspended. Your Q3 data can be submitted and validated by the Q4 data due date of 7/31/20.

Source: CDA

2. Can AAAs/service providers pay salaries for employees who are observing stay at home orders and are unable to do telework for their job or other duties?

Every effort should be made to keep all individuals employed including redirecting them to other functions. Some examples of functions that AAAs/service providers may consider redirecting employees to include making telephone reassurance calls or conducting telephonic quarterly eligibility assessments for nutrition programs.

If it is not feasible to redirect an employee to another function due to classification issues or lack of capacity to train an employee on a new function, it is allowable to continue to pay employees while they are observing stay at home orders.

Source: ACL, CDA, EDD, OMB

3. Can AAAs/Service Providers hire and pay the salaries of temporary/casual employees performing the work of employees who are following the stay at home orders?

Per the response to the Question #2 above, the AAAs and/or Service Providers should first make every effort to redirect employees who cannot perform their primary responsibilities to other functions, via telework, to assist other OAA programs that are being delivered through virtual methods (e.g., telephonic, zoom, etc.).

If this is not possible for some employees, AAAs/Service Providers are able to use OAA funds or disaster funding to pay for casual/temporary employees to

perform the existing staff's workload (e.g., cooking, delivery of meals, etc.) for the duration of the COVID-19 stay at home orders or until additional guidance issued. Based on both the National and State Emergency declarations, it is CDA's goal is to keep workers whole and not further displace workers, who are complying with stay-at-home orders.

The federal government has approved simultaneous payments for both the employees who are complying with the stay at home orders, as well as the replacement/ temporary employees.

Source: ACL, CDA, EDD, OMB

Data Reporting

4. How do AAAs continue to report expenses and service unit data for contracted Area Plan OAA Services and allowable Emergency Services during the COVID-19 emergency?

The following scenarios outline how expenses and service unit data should be addressed:

- a. AAA/Service Provider performs a standard OAA Service the same way during the COVID-19 pandemic as before (example: providing HDM meals to existing HDM clients)
 - Recording, reporting, and payment remain the same.
- b. AAA/Service Provider performs an OAA Service the same way but uses a different funding source, such as Title IIIB funding (example: providing additional meals to existing HDM clients using Title IIIB funding).
 - Recording is changed: Record meals as "C1/C2 COVID-19 Meals paid from IIIB".
 - Reporting is changed: Do not report in your Data System to submit to CARS. Payment is changed: Invoice CDA from the fund from which services were paid.
- c. AAA/Service Provider performs an OAA Service differently or without meeting standard eligibility requirements (example: providing meals via pick-up or delivery to clients who would normally be congregate clients):
 - Recording is changed: Record number of clients, service units and expenses. For example, "C1/C2 COVID-19 Meals".
 - Reporting is changed: Do not report in your Data System to submit to CARS.
 - Payment is changed: Invoice CDA from the fund from which services were paid.

- d. AAA/Service Provider performs a non-OAA emergency service to support older adults during the COVID-19 pandemic (example: delivering pre-paid medications to client home).
- Record as a “COVID-19 Emergency Service - XXX” The “XXX” would be a description of the emergency service provided, such as “Delivery of Medications”, etc.
 - Reporting: Do not report in your Data System to submit to CARS.
 - Payment: Invoice CDA from the fund the services were paid.

Source: ACL, CDA

5. How do AAAs report expenses and service unit data for FFCRA and CARES funding?

The Families First Coronavirus Response Act (FFCRA) and Coronavirus Aid, Relief and Economic Security Act (CARES) funding are separate from other Title III C-1 and C-2 Area Plan funding and must be tracked separately. Data and expenses for both FFCRA and CARES funding should not be tracked in/for the NAPIS/SPR systems. The Administration of Community Living (ACL) that provides federal oversight of the funding has requested that AAAs and Service Providers track FFCRA and CARES funding separating “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”.

Source: ACL, CDA

6. Are Title IIIC1/C2 intake forms required for clients receiving “IIIC1/C2 COVID-19 Meals”?

No. “C1/C2 COVID-19 Meals” are not reported in your Data System to submit to CARS; therefore, intake forms are not required to be completed for clients receiving these meals. Intakes/assessments can be completed for the appropriate program (Title IIIC-1 or Title IIIC-2) after the COVID-19 emergency has lifted for clients who remain on service.

ACL has advised that, “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”.

Source: ACL, CDA

Title IIIC Nutrition

7. Can the Dietary Reference Intakes (DRI) and the Dietary Guidelines for Americans (DGA) be waived during the COVID-19 pandemic?

CDA strongly encourages AAAs and service providers to continue to follow the DRI and DGA to the greatest extent possible during this time to maintain the health and manage chronic disease conditions of our program participants. ACL and CDA does understand that AAAs and service providers may deviate from the DRI and DGA as congregate nutrition providers transition to providing frozen and shelf stable meals and attempt to get meals out to a greater number of older adults in an expedient manner. Pursuant to presidential approval on March 22, 2020 of the California Major Disaster Declaration under the Stafford Act, Title III service providers are given additional flexibility in providing disaster relief services until the Major Disaster Declaration has ended (end date has not been announced). Among the flexibilities provided are that disaster relief meals are not required to meet the DRIs and the DGAs. These flexibilities also extend for meals provided using the Families First Coronavirus Aid Relief Act (FFCRA) and Coronavirus Aid Relief and Economic Security Act (CARES) supplemental funding, regardless if California is still under a Major Disaster Declaration.

Source: ACL

8. When service providers adjust operations (example: close congregate sites) to ensure safety, are there negative affects to future funding if the reported numbers are low during this time or service units are not met?

CDA acknowledges that as congregate nutrition providers transitioned from providing in-person meals to frozen and shelf stable meals during late March/early April, there may have been a drop in service units provided. There will be no negative ramifications due to lower numbers as providers transition services due to the COVID-19 pandemic.

CDA notes that AAAs are receiving significant new federal funding from through FFCRA (\$25 million) and CARES (\$50 million). It is CDA's expectation that AAAs and nutrition providers will increase the number of meals delivered and participants served upon receipt of this new funding. CDA encourages the AAAs and services providers to continue to serve meals in non-congregate settings to as many older adults in need as resources allow. AAAs can distribute multiple meals (frozen, shelf-stable) at one time, as 'to go' meals, to reduce service/delivery demands and minimize contact. Shelf-stable meals can also be delivered using UPS or Fed Ex.

If circumstances result in a decrease in meals served during the COVID-19 pandemic, there will be no negative ramifications for the AAAs.

Source: ACL, CDA,

9. In order to be able to accommodate all home-delivered meal deliveries with a decrease in Title III C volunteers, can background checks be waived for temporary volunteers?

The California Health and Safety Code, Division 2. Licensing Provisions, Chapter 3., Article 2., Section 1522 (b)(1)(D) requires background checks for employees and volunteers working with the elderly population. The underlying reason for screening volunteers who may have contact with the elderly or individuals with disabilities in need of support is to identify potentially abusive individuals. CDA does not have the authority to waive the California requirement for background checks/fingerprints.

The following are strategies to identify workers with current background checks that AAA/service providers may consider targeting outreach to for additional volunteer support.

- Coordinate with city and/or county government for government workers who have been furloughed due to closure of agencies and are able to be redeployed to work as volunteers for the OAA nutrition programs. Unless redeployed directly by the local government, AAAs should require proof of employment.
- Coordinate with local school districts for teachers who have been furloughed.
- Utilize workers from for-profit businesses, such as banks, with known requirements for background checks. AAAs should require that 1) the worker is considered a volunteer and is not representing the for-profit business, which may be a conflict of interest and 2) the worker provides proof of completed background check.
- Work with local providers of OAA programs to coordinate redeployment of available volunteers to essential meal services.

Source: California Health and Safety Code, CDA

10. Can Title III C providers continue to distribute meals (i.e. to-go meals or delivery to homes) from a congregate meal site if the employee/volunteer who is ServSafe certified is unable to work at the site due to the shelter in place order?

Per the California Retail Food Code (CRFC) Section 113947.1(a) "Food facilities...shall have an owner or employee who has successfully passed an approved and accredited food safety certification examination... The certified owner or employee need not be present at the food facility during all hours of operation".

The provider should continue to distribute meals and ensure that the ServSafe certified employee/volunteer is available to staff in case of questions or concerns.

The employee does not necessarily need to be present at the facility during this time but needs to be available to answer questions until another staff member has been certified or the shelter at home order has been lifted.

Source: CRFC, CDA

11. Would shelf-stable meals delivered by Fed-Ex/UPS be allowable if providers obtain a signature from Fed-Ex/UPS?

Yes. This is allowable since we are in an emergency.

Source: ACL

Title III Family Caregiver Support Program (FCSP)

12. How can a FCSP provider continue to deliver FCSP services with the stay at home order issued by the California Department of Public Health on March 19?

Program managers should work with the participants over the telephone to explore alternative solutions for non-essential services. Only those services that are essential to the participant's health and safety may be provided in person and must be triaged by risk to the participant and staff. Follow the guidelines set by your state public health officials when delivering essential services. Staff and participants must at a minimum take the following steps:

- Practice physical distancing
- Wash hands often with soap and water for at least 20 seconds, especially after blowing your nose, coughing, or sneezing or having been in a public place
- Clean and disinfect frequently touched surfaces daily. If surfaces are dirty, clean them using detergent or soap and water prior to disinfection
- Avoid touching eyes, nose, or mouth with unwashed hands
- Cover your cough or sneeze with a tissue or your elbow
- Avoid close contact with people who are sick

Any Title III funded service that can be delivered by alternative means can be done without a change to the service category. Examples could include a support group held via conference call or caregiver training provided through an online platform. All changes of services due to the COVID-19 emergency must be tracked. The AAAs have flexibility to determine the simplest system that works for tracking. It is an expectation that the AAAs will report this information to CDA at a later date.

Sources: ACL, CDA, CDPH

Senior Community Service Employment Program (SCSEP)

13. Can SCSEP participant staff continue to report for work or telework?

No, participant staff may not report to work or telework and must be placed on Emergency Paid Leave or Approved Break status. If the participant selects Emergency Paid Sick Leave, they can continue to be paid at their current rate of hours and pay.

Source: CDA, DOL

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Frequently Asked Questions - #7
Guidance for Area Agencies on Aging for Coronavirus Disease 2019
(COVID-19)

Released: April 30, 2020

Title IIIC Nutrition

1. Can we provide meals to a person with a disability under age 60 who resides with an eligible older adult receiving C-1 or C-2 meals?

The Older American Act (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.

During the current shelter at home order, all meals are either picked up or delivered to client homes; therefore, a person with a disability who lives with a C-1 or C-2 client is eligible to receive a meal.

Also, under the Title III E 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.

Source: ACL, CDA

2. Should there be an overall halt to direct in-person services, such as delivery of meals, due to COVID-19 concerns from both workers and constituents?

Providing meals to older adults is considered an essential service and should not be halted. Employees/volunteers providing meals to older adults are exempt from the Governor's shelter-in-place order. Exemption includes, "Workers who support food, shelter, and social services, and other necessities of life for economically disadvantaged or otherwise needy individuals, such as those residing in shelters".

All essential workers should follow all infection control protocols, including hand washing, masks, and distancing.

Contact between people doing delivery and participants can be minimized by eliminating face-to-face contact at all deliveries and minimizing the number of deliveries by delivering bulk meals (frozen or shelf stable) to clients. Delivering bulks meals can also help address volunteer shortages.

Concerns of constituents about safety of food can be eased through education on food safety. The USDA advises that, “Currently there is no evidence of food or food packaging being associated with transmission of COVID-19. Like other viruses, it is possible that the virus that causes COVID-19 can survive on surfaces or objects. For that reason, it is critical to follow the 4 key steps of food safety — clean, separate, cook, and chill”. See additional details on food safety and good hygiene practices in the [USDA FAQs under Food Safety](#).

Source: CDPH, USDA, CDA

3. What flexibility is available to AAAs regarding setting unit rates for meal reimbursement?

The California Code of Regulations (CCR) does not require AAAs to set unit rates for meals. As a management tool, some AAAs have established unit rates in their provider contracts. During this pandemic, AAAs may want to consider changing these unit rates due to increased meal costs such as food, supplies, personal protective equipment, fewer volunteers, and the use of more costly vendors such as restaurants, grocery stores, and shelf-stable meal providers.

Source: ACL, CCR

4. Can the FFCRA and CARES supplemental funding be used to purchase produce from local farmers and farmers markets?

Utilizing farmers and farmer’s markets to meet the nutritional needs of older adults is completely supported. Fresh fruits, vegetables, and groceries should not replace meal delivery, but rather should be used to enhance meals to assist older adults in maintaining a two-week supply of food in the home.

Source: ACL, CDA

5. What is the guidance for collaboration with local food banks?

There may be opportunities to collaborate with local food banks to expand services provided to older adults. The California Association of Food Banks (CAFB) understands the capacity and needs of the local food banks and can assist with facilitating potential collaboration. AAAs who are interested in

pursuing collaboration with local food banks should contact the Nutrition and Health Promotion Team via email at:

CDANutritionandHealthPromotion@aging.ca.gov

Source: CAFB, CDA

6. What is the guidance for nutrition providers on how to meet the requirement to provide a minimum of four hours of staff training annually for paid and volunteer food service staff?

The requirement to provide four hours of staff training annually for paid and volunteer food service staff may be met by providing handouts, online materials, or conducting training via a web-based conferencing or video platform such as Zoom or WebEx in place of in-person trainings. The AAA or provider registered dietitian should continue to review and approve the content of all staff training. Pertinent training topics during the COVID-19 pandemic include food safety and sanitation and prevention of foodborne illness.

Documentation of training completion for paid staff and volunteers should be kept on file by the provider. The requirement for training sessions to be evaluated by those receiving the training is waived during the COVID-19 pandemic.

Source: CDA

7. Can CalTrans 5310 transportation programs assist with meal deliveries?

Current sub-recipients of CalTrans FTA 5310 grants may use funds to coordinate and assist in regularly providing meal delivery service and essential care needs for homebound individuals, as long as the delivery service does not conflict with providing public transportation service or reduce service to public transportation passengers.

Contact your Caltrans FTA 5310 program liaison for further questions and if you intend to modify service from your 5310 funded projects.

Source: CalTrans

Senior Community Service Employment Program

8. Can SCSEP participants, including participant staff, continue to report for work or telework?

No, participants, including participant staff may not report to work or telework and must be placed on Emergency Paid Sick Leave (EPSL) or Authorized Break in Service status. If the participant selects EPSL, they can continue to be paid at their current rate of hours and pay.

Source: DOL, CDA

9. How should enrollment of SCSEP participants be managed during the COVID-19 emergency? Can AAAs/Service Providers continue to enroll new participants and immediately place them on Emergency Paid Sick Leave (EPSL)?

If the SCSEP project was in the process of enrolling a new participant and the participant was determined eligible and assigned a Host Agency (HA), the participant is eligible for EPSL, even if they have not started their HA/Community Service Assignment.

SCSEP Projects should discontinue enrollment of new SCSEP participants until the statewide shelter in place requirements are lifted and SCSEP projects are notified by CDA.

During this time, SCSEP Projects should continue to add potential applicants to the wait list and must allow any prospective participants who request to complete an application. SCSEP Projects are not to meet in person with applicants to enroll or determine eligibility until further notice. SCSEP Projects must prioritize the wait list per the SCSEP priorities of service.

Source: CDA, DOL

10. If a SCSEP participant was on an approved Authorized Break in Service or Administrative Leave prior to COVID-19, what process should the SCSEP Project follow:

The SCSEP project should follow the process for Authorized Break in Service and Administrative Leave below.

a. Authorized Break in Service

A participant cannot be on an authorized break and receive EPSL payments at the same time. For participants who have a scheduled return date, when the participant is ready to return to their regular schedule, the participant can begin receiving EPSL. If a participant is ready to return following an approved break for medical reasons, a doctor's note of release is not required. If they are well enough to report back to their HA/Community Service Assignment, document via case notes, end the approved break in SPARQ and begin paying EPSL.

b. Administrative Leave

If a participant was placed on Administrative Leave as a result of a pending or potential HA/Community Service Assignment rotation, the participant should be taken off the administrative break, assigned to the subgrantee as the HA/Community Service Assignment, and paid EPSL. Be sure to clearly explain and document to the participant that this is an interim measure and once operations resume, the participant will likely go back on an unpaid break in service while they wait for a new HA/Community Service Assignment.

Source: CDA, DOL

11. Can SCSEP Project staff continue to perform program activities during the shelter-in-place order?

Yes. DOL encourages SCSEP Project staff to continue to perform program activities remotely such as reassessments, Individual Employment Plans, and Recertifications. Routine operational duties that can be conducted remotely may include:

- Contacting participants during each pay period to check in, confirm ongoing EPSL status, and provide support service referrals available during the emergency
- Carrying out timekeeping and reporting duties for all participants receiving EPSL
- Developing and maintaining a mechanism for this communication
- Conducting Reassessments, Individual Employment Plans, and Recertifications via phone or virtual meetings
- Data collecting and data entry in SPARQ

Additionally, activities can take place that can strengthen the program during this time, even if participants are on EPSL, including:

- Reviewing participant files for completeness and accuracy to improve Data Validation performance
- Updating and revising tools to streamline enrollment and recertification
- Resolving any outstanding Warnings in SPARQ
- Conduct outreach to nonprofits that may be interested in becoming host agencies once the emergency is lifted and normal functions can resume

Source: CDA, DOL

12. California residents have been asked to shelter in place in response to COVID-19. Can meetings that would typically be conducted in person to complete required Reassessments and Individual Employment Plans (IEP) between SCSEP Project staff and the participant be completed remotely, e.g. by phone or virtual meeting?

Yes. DOL has indicated that grantees have the flexibility to choose the best method of continuing to deliver program services that are required in SCSEP regulations. Reassessments, IEP updates, and Recertifications can be completed by the SCSEP Project staff remotely by phone or virtual meetings.

To protect participant personal identifying information and ease of access at this time, information required for recertification can be provided via phone or virtual meeting and hard copies can be provided once the shelter in place order has been lifted. When conducting remote recertifications, project staff must indicate the unique circumstances via case notes on the required forms. Additionally, project staff must develop a mechanism to track all necessary documentation that must be collected per participant, including but not limited to:

- Individual or family income eligibility documents
- Self-attestation and third-party attestation forms
- Participant and authorized SCSEP staff signatures

These documents are all needed to satisfy Data Validation requirements.

Source: CDA, DOL

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Frequently Asked Questions - #8
Guidance for Area Agencies on Aging for Coronavirus Disease 2019
(COVID-19)

Released: May 21, 2020

Title IIIC Nutrition

1. Can Older Americans Act (OAA), FFRCA or CARES funding be used to meet the required local match for the Great Plates Delivered Program (GPDP)?

No, OAA, FFRCA or CARES funding may not be used to meet the six percent local match requirement for the Great Plates Delivered Program. The GPDP program has different eligibility requirements and provides meals to a different population than the OAA.

Source: CDA

2. What is the safest way to check the food temperatures of home-delivered meals during the COVID-19 pandemic?

The safety precautions followed for checking food temperatures of meals before the COVID-19 pandemic still apply during the pandemic. To review any specific recommendations for checking food temperatures in your county, please contact your local health department. Safety precautions include:

- Wash hands with soap and water for at least 20 seconds. If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60 percent alcohol on hands or gloves. If wearing gloves, wash hands or use hand sanitizer between glove changes.
- Clean and sanitize probe thermometer before and after use and in between different food items.

An alternative to checking temperatures during meal delivery routes is to use time as a public health control as referenced in the California Retail Food Code (CRFC) Section 114000 as follows:

- The food is marked (i.e. log time) to indicate the time that is four hours past the point when the food is removed from temperature control.
- The food shall be cooked and served, served if ready-to-eat, or discarded within four hours from the point when the food is removed from temperature control. (i.e. log time and instruct client at the time of meal delivery)

- Written procedures are maintained.

The USDA advises that, “Currently there is no evidence of food or food packaging being associated with transmission of COVID-19. Like other viruses, it is possible that the virus that causes COVID-19 can survive on surfaces or objects. For that reason, it is critical to follow the 4 key steps of food safety — clean, separate, cook, and chill”. See additional details on food safety and good hygiene practices in the USDA FAQs under Food Safety:

<https://www.usda.gov/coronavirus>

Best Practices for Retail Food Stores, Restaurants, and Food Pick-Up/Delivery Services During the COVID-19 Pandemic:

<https://www.fda.gov/media/136811/download>

<https://www.fda.gov/media/136812/download>

Source: USDA, FDA, CRFC, CDA

3. During the COVID-19 emergency, are we allowed to share client information (name, address, and phone number) with partner organizations providing meal delivery services without obtaining the client’s consent?

To ensure the privacy and confidentiality of client information, AAAs/service providers planning to use alternate delivery methods, such as Lyft/Uber or UPS/Fed-Ex, are not required to obtain prior consent from the clients provided the AAA/service provider has a contract with the alternate delivery method. The contract must require that use of shared client information only be for the intended program purpose.

Source: CDA

4. Is there flexibility to waive the quarterly eligibility re-assessments during the COVID-19 pandemic?

Yes. During the COVID-19 pandemic, all adults age 60 or older are eligible for home-delivered meals; therefore, the requirement for quarterly eligibility re-assessments for C-2 clients is suspended until at least June 30, 2020.

Although quarterly eligibility reassessments are suspended until at least June 30, 2020, CDA encourages AAAs and nutrition providers to continue to provide wellness checks on clients during the COVID-19 pandemic by any available methods. Possible methods include visual or audio checks when delivering meals or telephone checks by staff or volunteers. Staff or volunteers unable to work on-site during the pandemic can be re-directed to conduct telephone wellness checks, giving them an opportunity to continue working to serve older adults in their community.

Source: CDA

5. Are AAAs required to submit quarterly Wait List data for potential Title III C-2 clients during the COVID-19 pandemic?

A term of the Nutrition Augmentation Funding is to report quarterly Wait List data for potential Title III C-2 clients as noted in Exhibit E, Article II, I., however, due to the COVID-19 pandemic, quarterly Wait List data reporting is suspended until at least June 30, 2020.

Source: CDA

Title IIID Disease Prevention and Health Promotion

6. What options are available during the COVID-19 pandemic if remote delivery of the evidence-based Title IIID program is not feasible?

AAAs may also elect to provide classes during the COVID-19 pandemic that are not approved evidence-based programs (EBPs) or are not approved for remote implementation. These classes would be tracked as COVID-19 services and would not be entered into the data system.

When recording EBP classes are not approved for remote implementation, follow guidance as described in FAQ #6, Question 4.c.:

AAA/Service Provider performs an OAA Service differently or without meeting standard eligibility requirements (example: providing meals via pick-up or delivery to clients who would normally be congregate clients):

- Recording is changed: Record number of clients, service units and expenses. For example, "C1/C2 COVID-19 Meals".
- Reporting is changed: Do not report in your Data System to submit to CARS.
- Payment is changed: Invoice CDA from the fund from which services were paid.

When recording classes are not that are not approved EBPs, follow guidance as described in FAQ #6, Question 4.d.:

AAA/Service Provider performs a non-OAA emergency service to support older adults during the COVID-19 pandemic (example: delivering pre-paid medications to client home).

- Record as a "COVID-19 Emergency Service - XXX" The "XXX" would be a description of the emergency service provided, such as "Delivery of Medications", etc.
- Reporting: Do not report in your Data System to submit to CARS.
- Payment: Invoice CDA from the fund the services were paid.

Title IIID EBPs that are approved for remote implementation should be reported as usual in your data system. The National Council on Aging (NCOA) provides a resource to track health promotion program guidance during the COVID-19 pandemic. Use the following link to check for guidance on EBPs (this page will be updated as guidance is provided by individual programs):

<https://www.ncoa.org/news/ncoa-news/center-for-healthy-aging-news/track-health-promotion-program-guidance-during-covid-19/>.

Source: CDA, ACL

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Frequently Asked Questions - #9
Guidance for Area Agencies on Aging for Coronavirus Disease 2019
(COVID-19)

Released: June 15, 2020

Administration

1. Are the AAAs and their providers eligible to receive no-cost PPE?

The California Office of Emergency Services (Cal OES) has a limited supply of PPE available to AAAs and their providers. The equipment and shipping are at no-cost to the AAA. Supplies can be requested by completing and submitting a “Cal-OES Resource Request Form” and “Provider and PPE Request Template” to CDA. When supplies are depleted at Cal OES, it is the AAAs responsibility to acquire any additional equipment needed from another source.

Source: Cal OES, CDA

2. Are costs associated with preventing the spread of COVID-19 allowable for program use such as Personal Protective Equipment (PPE), disinfecting and deep cleaning solutions, hand sanitizers, non-contact thermometers for temperature screening, and protective plastic shields? Will these costs be claimable after the stay-at-home order is lifted since they will likely be ongoing expenses in FY 20/21?

Items for Title III program use including PPE (face coverings, gloves, face shields), disinfecting and deep cleaning solutions, hand sanitizers, non-contact thermometers, and protective plastic shields are allowable costs, both during and post-COVID-19, for those providing program services. Programs may have an increased expenditure per unit of service for purchases to prevent the spread of COVID-19 where services are provided. Such expenditures should be included with the service for which they are reported.

Source: ACL, CDA

Title IIIC Nutrition

3. What guidance is there for providing groceries to older adults in the community who are sheltering in place?

Providing bags of groceries is a good way to help support older adults during the COVID-19 pandemic. Groceries can be provided using FFCRA, CARES, or Disaster funds (IIIB, IIIC, IIID, IIIE). There are two options for recording grocery services outlined below:

- a. Record bags of groceries as COVID-19 services. There are no guidelines for the content of the bags of groceries using this option. When recording bags of groceries as COVID-19 services, follow guidance as described in FAQ #6, Question 4.d.:

AAA/Service Provider performs a non-OAA emergency service to support older adults during the COVID-19 pandemic (example: delivering pre-paid medications to client home).

- Record as a “COVID-19 Emergency Service - XXX” The “XXX” would be a description of the emergency service provided, which in this case would be groceries.
- Reporting: Do not report in your Data System to submit to CARS.
- Payment: Invoice CDA from the fund the services were paid.

- b. Record bags of groceries as COVID-19 meals. When counting groceries as COVID-19 meals, the following guidance from ACL applies:

- “Ideally, programs should make every attempt to deliver the most nutritious meals meeting the minimum daily caloric intake and DRIs/DGAs (when possible). If unable to meet the DRIs and DGAs requirements, ACL recommends meals meet a minimum of no less than 1/3 of the recommended daily caloric intake for an older individual”.
- “A good rule of thumb would be to serve meals that deliver approximately 600 calories to both males and females for ease of production and delivery process”.
- “Under no circumstances should any meal be lower than 534 calories”.

When recording groceries as COVID-19 meals, follow guidance as described in FAQ #6, Question 4.c.:

AAA/Service Provider performs an OAA Service differently or without meeting standard eligibility requirements (example: providing meals via pick-up or delivery to clients who would normally be congregate clients):

- Recording is changed: Record number of clients, service units and expenses. For example, "C1/C2 COVID-19 Meals".
- Reporting is changed: Do not report in your Data System to submit to CARS.
- Payment is changed: Invoice CDA from the fund from which services were paid.

To determine the number of meals per bag of groceries:

- Count the total calories of the food items in the bag
- Divide by 600 (calories) to determine the number of meals per bag
- For example, a bag of groceries containing 6000 calories would be counted as 10 meals (the number of meals should always be a whole number).

When recording bags of groceries as meals, it is a best practice to include sample menus, so clients have options for assembling complete meals.

Source: ACL, CDA

Senior Community Service Employment Program (SCSEP)

4. Has the Individual Durational Limit (IDL) for SCSEP participants changed?

Yes, the CARES Act provides for extensions of SCSEP participants individual durational limit because of the COVID-19 public health emergency. The IDLs are being extended by 12 months for **all** SCSEP participants who were enrolled in SCSEP as of March 1, 2020 (including those who exited after March 1), and for all SCSEP participants who enroll during the six-month enrollment period from March 1, 2020 through August 31, 2020. If participants have been exited due to reaching their IDL, SCSEP Projects must re-enroll the exited participant.

Source: DOL