



## ADDITIONAL FAQ ABOUT OAA NUTRITION PROGRAM IMPLEMENTATION DURING THE COVID PANDEMIC

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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 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.

**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, noncoercive 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. 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.](#)

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.