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# AREA AGENCY ON AGING COVID-19 INFORMATION

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**JUNE 21, 2020**

DEPARTMENT OF HEALTH AND SENIOR SERVICES  
Division of Senior and Disability Services

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## **Governor's Executive Orders**

Governor Parson signed Executive Order 20-02 declaring a state of emergency for Missouri directing the Missouri State Operations Plan to be activated, in effect until May 15, 2020.

Governor Parson signed Executive Order 20-05 allowing restaurants to sell their un-prepared food directly to members of the public. This will allow AAAs to have another options for food purchase locally. This order is in effect until May 15, 2020.

On April 3, 2020, Governor Parson enacted the "Stay Home Missouri Order" effective April 6, 2020, through April 24, 2020.

On April 16, 2020, Governor Parson extended the "Stay Home Missouri Order" through May 3, 2020.

On April 24, 2020, Governor Person signed Executive Order 20-09 extending the declaration of state of emergency in Missouri through June 15, 2020.

On May 4<sup>th</sup>, 2020, Governor Parson signed Executive Order 20-10, extending previous Executive Orders 20-04, 20-05, 20-06 and 20-08 through June 15, 2020.

On June 11<sup>th</sup>, 2020, Governor Parson signed Executive Order 20-12 extending the State of Emergency and previous Executive Orders 20-04, 20-05, 20-06 and 20-08 through December 30, 2020.

On November 19, 2020, Governor Person signed Executive Order 20-17 extending the State of Emergency and previous Executive Orders 20-04, 20-05, 20-06 through March 31, 2021.

**NEW** On March 26, 2021, Governor Person signed Executive Order 21-07 extending the State of Emergency and previous Executive Orders 20-04, 20-05, 20-06 through August 31, 2021.

## **Federal Laws and Declarations Timeline**

January 31, 2020, the Secretary of Health and Human Services declared a Public Health Emergency with an end date of "to be determined". This declaration provides to all State Units on Aging (SUAs) presumptive approval of a waiver for an additional 10% transfer above the permitted 40% between the FFY2020 Title III C-1 Congregate Meal program and Title III C-2 Home-Delivered Meal program under Section 308(b)(4)(B). Meals purchased under Title III B do not need to meet the requirements of DRI/DGA. Title C-1 and Title C-2 still do need to meet these requirements.

March 13, 2020, the President declared a Federal Emergency to trigger the Stafford Act. Governors must apply for a declaration of a "major disaster" to trigger disaster relief under Section 310(c) of the OAA.

COVID-19 Families First Coronavirus Response Act, Supplemental Appropriation #2, enacted on March 18, 2020, and effective through September 30, **2022**. Provided additional funding for Title III C-1 and Title III C-2. Meals purchased with supplemental funding are not required to meet

DRI/DGA; however ACL encourages the use of DRIs and DGAs to maintain health and manage chronic disease. 100% transfer allowed between Title III C-1 and Title III C-2.

March 26, 2020, President approves Missouri's Major Disaster Declaration. All monies under Title III can be transferred 100% to be used for disaster relief, as needed. Meals purchased with supplemental funding are not required to meet DRI/DGA; however ACL encourages the use of DRIs and DGAs to maintain health and manage chronic disease.

March 27, 2020, COVID-19 Coronavirus Aid Relief and Economic Security (CARES) Act, Supplemental Appropriation #3, enacted and effective through **September 30, 2022**. Provided additional funding for Title III B, Title III C and Title III E. Service match waived. Homebound includes individuals practicing social distancing. DRI/DGA waived for emergency meals. Made all of these provisions applicable to funds awarded under the Families First Act also.

**NEW** March 11, 2021, President signed the American Rescue Plan Act of 2021. Additional funding was provided for Title III B, Title III C, Title III D, and Title III E. This funding is available until expended, to carry out the Older Americans Act of 1965. Title III B funds were allocated for supportive services and efforts related to COVID-19 vaccination outreach, including education, communication, transportation, and other activities to facilitate vaccination of older individuals; and prevention and mitigation activities related to COVID-19 focused on addressing extended social isolation among older individuals, including activities for investments in technological equipment and solutions or other strategies aimed at alleviating negative health effects of social isolation due to long-term stay-at-home recommendations for older individuals for the duration of the COVID-19 public health emergency. This act also established the National Technical Assistance Center on Grandfamilies and Kinship Families. The associated funds are available through September 30, 2024. For more information and FAQ's regarding the American Rescue Plan funds and waivers, please see the PDF titled ARP Programs FAQ and ARP Fiscal Overview both located under Information Shared with the AAAs from DSDS at <https://health.mo.gov/seniors/aaa/covid-19.php>.

**NEW** March 29, 2021, President authorized CDC to provide funds to ACL for Expanding Access to COVID-19 VIA the Aging Network. The funds may be used for: Disseminating credible information about COVID-19 vaccines and help direct those with questions to additional sources of information; Identifying people who may need help getting a COVID-19 vaccination, including those who are unable to independently travel to a vaccination site; Helping with scheduling a COVID-19 vaccination appointment for those who need help; Arranging or providing accessible transportation to COVID-19 vaccination sites; Providing technical assistance to local health departments and other entities on vaccine accessibility; Providing personal support if needed (e.g., peer support); and Reminding the person of their second vaccination appointment if needed. The funds are available from April 1, 2021, through September 30, 2022.

## **NEW** Current Project Period End Dates

Grant (Services Funded Through Grant)	Project Period End Date
FFY2019 (Title III, Title VII & NSIP)	9/30/2021 (Automatic No-Cost Extension Added)
FFCRA (CM/HDM C2)	6/30/2022 (Automatic No-Cost Extension Added)
CARES Act (SS/HD/FC)	9/30/2022 (Automatic No-Cost Extension Added)
FFY2020 (Title III, Title VII & NSIP)	9/30/2022 (Automatic No-Cost Extension Added)
FFY2021 (Title III, Title VII & NSIP)	9/30/2022
Supplemental 5 Nutrition (HDM)	9/30/2022
Expanding Access to COVID-19 Vaccines via the Aging Network (VAC5)	9/30/2022
American Rescue Plan (SS/CM/HDM/PH/FC)	9/30/2024

SS= Supportive Services (III B); CM=Congregate Meals (III C); HDM= Home-delivered Meals (III C)  
 FC= Family Caregiver; VAC= Vaccine; PH= III D

## **NEW** Match Requirements

Grant	B*	C1	C2	D	E	State Plan Admin	Area Plan Admin
FFY 2019, 2020, 2021 TIII (SS/CM/HDM/PH/FC)	15%**	15%**	15%**	N/A	25%	25%	25%
FFCRA (CM/HDM)		N/A	N/A			25%	25%
CARES Act (SS/HDM/FC)	N/A		N/A		N/A	25%	25%
Supplemental 5 (HDM)			N/A			25%	25%
American Rescue Plan (SS/CM/HDM/PH/FC)	15%**	15%**	15%**	N/A	25%	25%	25%
Expanding Access to Vaccines (Vac)	N/A					N/A	N/A

\* No match required for the portion of funds used to support the LTCO program

\*\*1/3 of 15% of match for services must come from State sources

## **NEW** Transfers

Grant Name	B/C (30% Max)*	C1/C2 (100%)**
FFY2021 Title III (SS/CM/HDM)	8/16/2021	8/16/2021
FFCRA (CM/HDM)		
CARES Act (SS/HDM)	8/16/2021	
Supplemental #5 (HDM)		

American Rescue Plan (SS/CM/HDM)	8/15/2021	8/15/2022
Expanding Access to COVID-19 Vaccines via the Aging Network		

\*30% maximum transfer, a waiver is required to exceed 30% transfer limit

\*\*For FFCRA and ARP, 100% transfer C1/C2 available until the end of the COVID-19 public health emergency or transfer due date, whichever is sooner; then returns to 40% maximum transfer, a waiver is required to exceed 40% transfer limit up to 50%. For FFY2021 Title III, 100% available until transfer due date, end of COVID-19 public health emergency does not impact due date.

## Waived State Regulations and Statutes

### Statutes:

Section 192.2150 RSMo shall be suspended to the extent that it restricts the Department of Health and Senior Services' provision of home delivered meals, to community based not-for-profit organizations that are available at no more than 75% of the Department's previously incurred cost.

Section 192.2025.1 RSMo shall be suspended to the extent that it requires the Department of Health and Senior Services to schedule in April of each year public hearings for Area Agencies on Aging to submit area plans to the Department, and to the extent it requires the Department to report within 30 days of such hearing its findings and recommendations to the Board of Directors for the Area Agency on Aging, the Area Agency on Aging Advisory Council, the members of the Senate Budget Committee, and the members of the House Appropriations Committee assigned to the Department.

### Regulations:

**Waiver Expires May 1, 2021** ~~19 CSR 15-4.160(4), is waived to the extent necessary to temporarily extend a requirement that DHSS approve Area Agency on Aging plans or plan amendments within 15 days of submission. This waiver avoids the need for public hearings, which would violate social distancing orders.~~

19 CSR 15-4.240 is waived to the extent necessary to temporarily suspend certain requirements for nutrition services for the elderly to permit Area Agencies on Aging to contract with local restaurants to prepare and deliver home delivered meals.

Other regulations/statutes have been requested for waiving. You can check here to see if new ones have been added: <https://health.mo.gov/living/healthcondiseases/communicable/novel-coronavirus/waivers-laws-rules.php>.

## Home and Community Based Services Reassessments

All assessments completed by DSDS or Type 27 providers shall be conducted via telephone. This measure is being put in place in order to minimize any unnecessary exposure to those we serve, many of whom fall into a COVID-19 high risk category. Before an assessment is completed with a participant, DSDS staff or Provider 27 reassessors shall attempt to verify the participant's identify

by asking their date of birth and last four (4) digits of their Social Security Number. If an individual refuses to give the information, this should be documented in case notes.

Type 27 Providers shall follow existing claims procedures to be reimbursed for reassessments completed via telephone.

At this time, required forms and other necessary documents shall be discussed with HCBS participants or their designee via telephone. The Physician notification form (HCBS-11) does not need to be completed at this time. Participant or designee acknowledgment shall be accepted verbally by telephone for all documents/ forms. Verbal signatures must be documented with the acknowledging party's name with a case note: "via telephone." List documents/forms reviewed and signed via telephone in the case note. These blank documents/forms do not need to be uploaded into Web Tool.

No mailings are necessary at this time unless specifically requested by the participant or their designee.

Self-direction determination may also be conducted via telephone. Assessors should only utilize the Self-direction Questionnaire via telephone. Adverse action should only be sent for those that are obviously impaired.

If Type 27 Providers are unable to complete reassessments due to staffing shortages or other issues, providers shall notify the appropriate Person Centered Care Planning (PCCP) team in a timely manner.

Updates to requirements for HCBS reassessments can be found at: <https://health.mo.gov/seniors/hcbs/covid-19-provider-info.php>. Due to high call volumes and DSDS staffing shortages, additional questions should be sent via email to [LTSS@health.mo.gov](mailto:LTSS@health.mo.gov).

### **III B Services**

While Missouri is under the Major Disaster Declaration, maximum flexibility is allowed between all areas of Title III to allow AAAs to provide the essential services needed to meet the needs of older adults and adults with disabilities. DSDS has asked ACL about the ability to have a blanket waiver on the minimum spending requirements under III B, but have received no definitive answer as of yet. Continue to meet the in-home service minimum by utilizing the approved services of homemaker, chore, personal care, respite, adult daycare, telephone reassurance, friendly visiting, homebound shopping, home modification and repair, home technology and automation and medication set-up as appropriate. The focus under the statewide stay at home order may need to be on telephone reassurance, grocery delivery, etc.

## In-Home Services

DSDS has waived multiple requirements for in-home services. All of their information is contained on the HCBS Providers COVID 19 Information page located here:

<https://health.mo.gov/seniors/hcbs/covid-19-provider-info.php>.

## Transportation

MO Rides has put together a document to highlight all the various service changes to transportation providers around the state due to COVID-19: <https://morides.org/about/covid-19-transit/>.

## Senior Centers

NCOA has developed a resource guide for Senior Centers that are temporarily closed due to COVID-19 with programming and service continuity ideas. You can find the document, called Senior Centers Connect, here: <https://www.ncoa.org/resources/senior-centers-connect/>.

In addition, the National Institute of Senior Centers (NISC) leadership is holding ongoing webinars to share ideas and best practices for remote programming and service continuity. The next webinars are scheduled for April 9<sup>th</sup> at 1pm and April 22<sup>nd</sup> at 1pm. You can register on this page: [https://www.ncoa.org/news/ncoa-news/national-institute-of-senior-centers-news/covid-19-resources-for-senior-centers/?utm\\_source=Twitter&utm\\_medium=social&utm\\_campaign=OrgSocial](https://www.ncoa.org/news/ncoa-news/national-institute-of-senior-centers-news/covid-19-resources-for-senior-centers/?utm_source=Twitter&utm_medium=social&utm_campaign=OrgSocial).

## Social Isolation During Covid 19

ADvancing States provided information from various states on how they are addressing Social Isolation during Covid 19. Find the resource here:

<http://www.advancingstates.org/sites/nasquad/files/u24453/Social%20Isolation%20Response%20final.pdf>.

## **Title III C Nutrition**

While Missouri is under the Major Disaster Declaration, maximum flexibility is allowed between all areas of Title III to allow AAAs to provide the essential services needed to meet the needs of older adults and adults with disabilities. The emergency declaration also allows all individuals at home due to stay at home orders to be classified as homebound. The Families First and CARES Acts allow us to waive the DRI/DGA requirement for meals purchased with emergency funds.

### Frequently Asked Questions (Answers provided by ACL)

#### **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 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.

***Note: The Timeline and Basic Understanding of the Older Americans Act Nutrition Program laws chart can be found at the bottom right of the webpage at <https://nutritionandaging.org/covid-19/>.***

### **What are acceptable ways to provide emergency meal and food assistance to older adults during the COVID19 emergency?**

SUAs, AAAs, and local nutrition services providers are working under stressful conditions to provide services to vulnerable older adults. SUAs and AAAs may want to provide additional guidance and technical assistance.

Local nutrition service providers may need to rethink their usual way of providing services by trying to meet both short term needs and planning to meet longer term needs. Not all the additional funding available through the FFCRA and CARES will last forever. The COVID19 emergency is not a sprint, but a marathon and local nutrition service providers may need to adjust service provision methods and operations to deal with increasing demands, social distancing constraints, fewer employees and volunteers, confusion over requirements, and exhaustive work schedules.

Red Cross guidance for emergencies has always stated to have a two-week supply in the home. Thus strategies should include supplying seniors with foods that can help them stay in place, help them stock their pantries/refrigerator/freezer, and thinking of long-term solutions. For example, providing a meal delivery that includes (when at all possible) a combination of hot and frozen meals, multiple frozen meals, and/or a week of shelf stable meals. During these confusing times, there may be real and/or perceived needs or issues that need to be addressed. Local nutrition service providers may want to consider a hierarchy of service provision:

- Continuation of hot meal production with grab and go and regular home-delivered meal options;
- Collaborations and new contracts with local restaurants for take-out meals;
- Collaborations with new partners, such as HUD housing agencies and USDA food assistance programs such as the Supplemental Nutrition Assistance Program; The Emergency Food Assistance Program and the Commodity Supplemental Food Program; the TEFAP and CSFP are often administered through local food pantries and food banks;
- Coordination with the Senior Farmers' Market Nutrition Program (SFMNP) (delivery costs are B service funded and grocery boxes are C service funded);

- Continuation of hot meal production with the provision of two meals at a time, one hot and one cold or frozen to decrease the production stress;
- Provision of frozen meals (1 to 2 weeks) with accompaniments (milk, bread, fruit);
- Provision of shelf stable meals (1 to 2 weeks) with accompaniments (milk, bread, fruit);
- Provision of Federal Emergency Management Administration (FEMA) meals;
- Delivery of boxes/bags of groceries (delivery costs are B service funded and grocery boxes are C service funded).

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

The funding through the FFCRA and CARES provides maximum flexibility to the aging services network. ACL continues to encourage SUAs, AAAs, and local providers to provide meals and food that meets 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. The USDA website, Choose My Plate, provides suggestions for [food and meal planning during the COVID19 pandemic](#). The suggestions include shopping lists, grocery store tips, and recipes.

Local nutrition service providers may want to use these suggestions to assemble bags or boxes of groceries that require limited preparation.

### **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.

### **Do we need to assess nutrition risk for COVID19 consumers?**

No, the Nutrition Risk is no longer required reporting for COVID19 from ACL. They are currently working on information for separate reporting.

### **Can we partner with restaurants, convenience stores, grocery stores to provide meals?**

Yes! In fact, we encourage it! You can expand service delivery by partnering with grocery stores and restaurants to provide meals “to-go” and groceries. This also helps the AAA gain visibility in the community. Some ideas include:

- Collaborate with grocery stores to offer meal pick-up options during “senior-only” shopping time. Some grocery stores also offer grocery delivery.
- Partner with restaurants or convenience stores to provide vouchers for “to-go” meals or meal delivery.

### **Do meals need to meet the nutrition requirements?**

No, disaster relief meals and meals purchased with supplemental funding are not required to meet DRIs; however, ACL encourages the use of DRIs and DGAs to maintain health and manage chronic disease.

### **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.

### **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.

### **Can the CARES and Families First supplemental appropriations be used to assist in the Senior Farmers Market Nutrition Program**

These times require creative thinking - using farmers and farmer markets to meet the nutrition needs is completely supported. These actions not only meet the needs of seniors, but support local businesses. ACL encourage you to continue to do things that supply seniors with foods that can help them stay in place and help them stock their pantries/refrigerator/freezer. Please remember to encourage your providers who are limiting physical daily contact, to make daily or regular check ins calls as this is important part of what providers offer - especially now.

### **NSIP Meals**

The National Resource Center for Nutrition and Aging developed a tips sheet for NSIP. You can find it here: <https://nutritionandaging.org/wp-content/uploads/2020/03/Nutrition-Services-Incentive-Program-of-the-Older-Americans-Act-FINAL-3.30.pdf>.

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.

### **Medicaid Home-Delivered Meals**

Missouri has requested a waiver from the Centers for Medicare and Medicaid Services (CMS) to expand the provision of home delivered meals to all eligible HCBS populations. The state also seeks flexibility to allow nutritional requirements to be waived and allow home delivered meals to be delivered by a restaurant in good standing with the local public health authority. At this time, the waiver has not been approved by CMS.

Similarly, Missouri has requested a waiver of the requirement to have signatures completed in-person. This also has not yet been approved by CMS.

### **Additional Nutritional Information**

ACL has provided guidance for nutrition services that can be found at <https://acl.gov/COVID-19>, under the header “Information for the Aging and Disability Networks” sub-category “Older Americans Act Programs”.

Additional resources may be found on the Advancing States COVID 19 webpage located at <http://www.advancingstates.org/initiatives/covid-19-resources/federal-guidance-covid-19#MOW>.

The National Resource Center on Nutrition and Aging has developed a resource and tools page which can be located at: <https://nutritionandaging.org/covid-19/>.

A new document was created by the National Resource Center on Nutrition and Aging to provide Step by Step information for AAAs to contract with Restaurants and Grocery Stores. Find the document here: <https://health.mo.gov/seniors/aaa/pdf/step-by-step-guide-working-with-restaurants-grocery-stores.pdf>.

The National Resource Center on Nutrition & Aging developed guidance on 1/3 Calorie Intake Requirement During COVID 19. This document can be found at <https://nutritionandaging.org/wp-content/uploads/2020/04/13-Calorie-Intake-Requirement-During-COVID-19-4.28.2020-Final.pdf>.

ACL published a FAQ on Groceries and the OAA program. This document can be found at <https://health.mo.gov/seniors/aaa/pdf/groceries-oaa-programs-faqs.pdf>.

ACL developed a document to provide guidance on “Returning to the New Normal” with suggested phased opening strategies. This document can be found at <https://health.mo.gov/seniors/aaa/pdf/acl-aoa-nutrition-reopening.pdf>.

## **III D Services**

With the Major Disaster Declaration approved for Missouri, funding originally allocated under Title III D may be used for other disaster relief activities such as: conducting daily phone/virtual/in-person well-being checks; providing meals, providing in-home services, grocery/pharmacy/supply delivery, etc.

It is not expected that AAAs deliver in-person evidence-based programs at this time. AAAs should explore providing the programs virtually when possible. 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.

## **Reporting and Billing Units of Service During COVID-19 Disaster Declaration**

On March 26, 2020, the President signed an Emergency Disaster Declaration for the State of Missouri. That declaration triggered disaster relief under Section 310(c) of the OAA. This section allows all Title III monies to be considered disaster relief and can be used for any OAA service, as needed. Therefore, effective March 26, 2020, all Title III funding can be applied to any service identified in the SFY2020 Area Plan Definitions document. In addition, any OAA supplemental

funding signed into law to address the COVID-19 pandemic may also be used as needed for any service identified in the SFY2020 Area Plan Definitions document.

## Reporting Guidance

According to current guidance from ACL (OAA Disaster Disbursement FAQ), disaster relief service units and persons must be reported separately. Further guidance provided on national calls stated we were to assume ALL activities currently going on are to some degree COVID-19 related and should be treated as such. ACL has waived the prior approval requirements for costs incurred prior to the award date for the Families First award and the CARES Act award. This means your March reports and invoice will be all COVID-19 related. At the national level, we were strongly encouraged to suspend drawing down our regular Title III grant funding and to draw down all of the Families First funding, then CARES Act funding, before we resume drawing down/expending our regular Title III grant funding

As noted above, services, consumers, and units must be designated on the monthly reports as COVID-19 and reported by funding source. At the current time, there is 100% flexibility between all parts of all of the federal funding. We will still be paying out the last quarter of State GR funding in addition to the Families First funding and CARES Act funding. As we proceed with this state fiscal year, in collaboration with the state legislature and Governor’s Office, DHSS has new flexibility built in to our supplemental appropriations with our regular federal fund, and anticipate having this flexibility extended into the SFY 2021 budget as well even though the SFY21 budget has not passed the General Assembly yet. There has been great effort made at all levels to make this process less burdensome on everyone. While the tracking of COVID related services is still absolutely necessary, the hope is that by deeming everything COVID-19 related during this time, the burden will be reduced and the funding will flow more effectively.

### Reporting Units/Persons/Expenses during COVID 19

ACL provided information regarding how to report units, persons, and billing for services/expenses during COVID-19. The chart below should be referred to in order to determine what category to report activities under using FFCRA and CARES Act funding. Family Caregiver service codes have **(FCG)** behind the Service Name.

Service Name	Unit Name	Unit Definition	COVID Flexibility Example
Home-Delivered Meals	Meal	One meal	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.

Home-Delivered Meal (FCG)	Meal	One meal	Meals provided via home delivery, pick-up, and carry-out or drive-through to benefit a family caregiver (whether used by the caregiver or by the care receiver).
Congregate Meals	Meal	One meal	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.
Nutrition Education	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	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.
Homemaker	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: 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.
Homemaker-Delivery (FCG)	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 <b>time</b> to provide assistance, including delivery of groceries, prescriptions, or other supplies to client's residence.  Note: Report the amount of time spent in providing the assistance and/or delivery. <b><u>If the program is purchasing groceries, supplies, or other items, please see Consumable Supplies definition below for reporting on items purchased.</u></b>
Consumable Supplies	Delivery	One delivery of assistance, regardless of	Groceries, cleaning supplies, personal hygiene supplies (including soap, toothpaste, toilet paper, sanitary wipes,

		the number of items in each delivery	and incontinence supplies), cell phone or internet access, or other items purchased for use by an older adult.  Note: 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.
Consumable Supplies (FCG)	Delivery	One delivery of assistance, regardless of the number of items in each delivery	Groceries, cleaning supplies, personal hygiene supplies (including soap, toothpaste, toilet paper, sanitary wipes, incontinence supplies), cell phone or internet access, or other items <b>purchased</b> to benefit a <b>family caregiver</b> (whether used by the caregiver or by the care receiver). Can include homeschool supplies for grandparents raising grandchildren under FCG funds during COVID 19.  Note: Report purchasing groceries, supplies, cell phone or internet access or other items with program funds. For reporting the amount of <b>time spent in providing the delivery, please see Homemaker-Delivery definition above.</b>
Assistive Technology/ Durable Equipment/ Emergency Response	Item	One item of assistance.	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.
Assistive Technology/ Durable Equipment/ Emergency Response (FCG)	Item	One item of assistance.	Items such as tablet computers, cellphones, other technology or devices purchased to benefit a family caregiver (whether used by the caregiver or by the care receiver).  Note: Please report any expenditures related to <b>cell phone or internet access plans under Consumable Supplies definition above.</b>  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	Session	Session per participant-Non HLEB	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	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	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	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 Operations	May vary	May vary	<b>AAA's may report expenditures like rent and utilities for vacant congregate sites under Senior Center Operations to reflect such expenditures resulting from COVID response needs. No Units/Persons should be reported if no meals were served.</b>



## AAA Questions Submitted to DSDS

1. Several congregate clients who are picking up meals are asking for 2 meals a day- most of the restaurants in the small towns are closed. Is this possible?
  - a. 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.
2. We want to convert our foot care/medication management into nurse calls. We contract this service to Grace Healthcare. Since they aren't doing the foot clinic/medication management in our centers right now, I would like permission to let them make the wellness calls instead. This may generate referrals back to us to get other help as needed to our seniors. In addition, doctors are not seeing our clients but just refilling prescriptions as needed. I think we need to address this with our established vendor's expertise to help our seniors. Can I use HPDP monies for this?
  - a. Yes, under the Major Disaster Declaration you can provide nurse calls under the III D program. Guidance received from the ACL on 3-16-2020 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.
3. I can't find anything in 19 CSR 15-4.110 Area Agency Advisory Council that requires the meetings to be in person. We have our mtg scheduled for April 9th. My plan is to do it by conference call.  
Do you have a problem with that?
  - a. The format of the advisory council meeting is at the discretion of each Area Agency on Aging.
4. Drive Thru Meals – should we report these meals as Cong or HDM? Should they be considered an extension of the HDM program.
  - a. Any drive through meals provided to congregate clients need to be accounted for as HDM. **For the month of April 2020 there should not be any congregate meal units or persons reported as all centers were closed.**