

## Guidance for Temporary Alternative Service Delivery of the Older Americans Act Programs Operations During the COVID-19 Pandemic

Appendix C of PM 20-16 Title IIID Disease Prevention and Health Promotion Program

The purpose of this document is to provide guidance on temporary alternative service delivery of the Older Americans Act (OAA) Title IIID Disease Prevention and Health Promotion Programs during the COVID-19 pandemic as it aligns with the State's *Resilience Roadmap*.

The reopening of counties will be based State and local public health guidance and on meeting readiness criteria and metrics. AAAs should continue to monitor State and local county public health guidance and follow their county public health recommendations. The decision to resume in-person Title IIID programs will be made at the local level and should be based on state and local public health guidance, along with an assessment of the readiness of the older adults in the community.

To align with the population served by the OAA programs and to support consistency in services provided to clients, the following guidance will consider higher risk individuals as those 60 and older.

Stage One/Two/Three: Higher risk individuals should continue to stay home until Stage Four.

In-person group programs or activities are deferred until Stage Four, unless they can be delivered remotely.

- Some Title IIID evidence-based programs (EBP) are approved for virtual delivery or are temporarily approved for virtual delivery during the COVID-19 pandemic. Guidance is provided on individual programs on the National Council on Aging (NCOA) website: [Track Health Promotion Program Guidance During COVID-19](#).
- It is not an expectation that AAAs deliver virtual EBPs during Stages One/Two/Three. AAAs may use IIID funds during the COVID-19 pandemic for non-EBP activities such as conducting telephone wellness checks of clients.

Since the population served by OAA programs is advised to stay home until Stage Four, guidance for Stages One/Two/Three focuses on preparation for resuming in-person EBPs in Stage Four:

- Plan employee training regarding how to limit the spread of COVID-19. Refer to the CDC [Symptom Screener](#) for guidelines and digital resources.
- Develop cleaning and disinfecting protocols.
- Create reservation system if unable to accommodate all clients with physical distancing requirements.
- Plan protocol for ensuring face coverings are available, as feasible, for staff or clients who arrive without a face covering and protocol for those who elect not to wear a face covering.

## Guidance for Temporary Alternative Service Delivery of the Older Americans Act Programs Operations During the COVID-19 Pandemic

Appendix C of PM 20-16 Title IIID Disease Prevention and Health Promotion Program

- Plan protocol for ensuring hand sanitizer is available for staff and client use where handwashing is not feasible.
- Develop measures to maintain physical distancing (spacing at least six feet apart), such as floor markings to indicate individual space on floor.
- Consider outdoor programming, if feasible.
- Consider adopting new EBPs that offer flexibility with in-person or virtual delivery.

Stage Four: Stage Four marks the end of stay home order with the gradual resuming of activities in the highest risk areas.

Higher risk individuals may consider resuming public interactions with safety precautions including wearing face coverings, handwashing, and physical distancing. Current guidance from California Department of Public Health (CDPH) for wearing face coverings must be followed. See link for CDPH's *Guidance for the Use of Face Coverings*, including a listing of individuals who are exempt from wearing face coverings: [Guidance for the Use of Face Coverings](#)

Implement strategies developed during Stage One/Two/Three as appropriate.

Consider resuming in-person EBPs while adhering to guidelines for wearing face coverings, handwashing, and social distancing. Considerations include the following:

- There will be regional variance with reopening criteria met in one county and not another; it is expected that in-person EBPs will not be resumed at the same time in all PSAs. Continue to follow State and local public health guidance for resuming programs for higher risk individuals.
- The readiness of the older adults to resume in-person programs will vary. Some communities may delay in-person programs if the older adults are not comfortable returning due to health and safety concerns, while others may resume in-person programs sooner if the older adults in the community feel safe attending the programs.
- Because older adults are at higher risk than the general population, it is reasonable to delay in-person classes beyond when the State enters Stage Four and the stay at home order is lifted for higher risk individuals.
- Consider options for accommodating clients who are not yet ready to return to in-person classes, such as offering virtual classes. AAAs/providers may continue to offer clients a virtual option as long as the EBP continues to be approved for remote implementation. Refer to the NCOA website for guidance on specific EBPs: [Track Health Promotion Program Guidance During COVID-19](#).

## **Guidance for Temporary Alternative Service Delivery of the Older Americans Act Programs Operations During the COVID-19 Pandemic**

### Appendix C of PM 20-16 Title IIID Disease Prevention and Health Promotion Program

- Offering a virtual EBP option to clients post-COVID-19 may be an effective strategy to engage older adults who have not previously participated in Title IIID activities.
- Program flexibilities have evolved with the COVID-19 pandemic and are subject to change based on Federal and/or State guidance. The return to traditional program requirements will be communicated through FAQs as Federal and State guidance evolves. CDA recognizes that resuming traditional program requirements involves sufficient time to adjust program operations. Additional guidance will be provided accordingly.
- If there is a surge of new cases at any point in a county, it is recommended that in-person programs be closed, and State and local public health guidance followed for resuming in-person programs for higher risk individuals.