

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

Appendix A of PM 20-16: Title IIIC Nutrition Programs

The purpose of this document is to provide guidance on temporary alternative service delivery of the Older Americans Act (OAA) Title IIIC Nutrition Programs during the COVID-19 pandemic.

The Administration for Community Living (ACL), in conjunction with other national organizations, has provided guidance for the OAA nutrition programs which aligns with the three phases outlined in the Federal *Guidelines for Opening America Up Again*. Additionally, the State of California has released the *Resilience Roadmap* which outlines four stages for reopening California.

The following guidance for temporary alternative service delivery of the nutrition programs is based on an interpretation of the ACL guidance as it aligns with the State's *Resilience Roadmap*.

The reopening of counties will be based on 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 adjust service delivery of nutrition services will be made at the local level and should be based on state and local public health guidance, along with consideration to 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: Higher risk individuals should continue to stay home until Stage Four.

Continue strategies to support clients during stay at home order including:

- Offer meals through pick-up or home delivery; provide bulk meal delivery of one- or two-week supply of frozen and/or shelf-stable meals.
- Supplement meals with groceries.
- Use non-touch delivery methods and consider use of companies such as USPS, UPS, FedEx, Lyft, Uber, Door-Dash, etc. for meal deliveries.
- Collaborate with local restaurants for meals.
- Conduct regular phone call check-ins to maintain social connections and assess well-being.

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

Since the population served by OAA programs is advised to stay home until Stage Four, guidance for Stage Two and Three focuses on preparation for adjusting service delivery of nutrition services.

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Develop strategic plans to prepare for Stage Four:

- Home Delivered Meal (HDM) programming: Develop plans for operations such as:
 - Delivery frequency, meals per week, and client assessments
 - Safety precautions including wearing face coverings, handwashing, and physical distancing
 - Protocols for in-person assessments including:
 - Initial assessments for new clients
 - Annual reassessments for existing clients
 - Quarterly eligibility reassessments, conducted in the home every other quarter
- Congregate programming: Begin preparation for resuming in-person congregate programs. Possible strategies in preparation for Stage Four include:
 - Plan topics for employee training regarding how to limit the spread of COVID-19. Refer to the [Guidance for Dine-In Restaurants](#) for suggested topics for employee training and to the CDC [Symptom Screener](#) for guidelines and digital resources.
 - Develop cleaning and disinfecting protocols.
 - Create a reservation system to manage and limit the number of clients congregating at any one time.
 - Create multiple dining opportunities with extended serving times.
 - Allow sufficient time between dining opportunities for cleaning and disinfecting dining sites.
 - Consider outdoor seating for mealtimes, if feasible.
 - 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.
 - Plan protocol for ensuring hand sanitizer is available for staff and client use where handwashing is not feasible.
 - Develop seating arrangements in compliance with physical distancing guidelines (spacing at least six feet apart) and seating limits based on State and local guidance.
 - Develop measures to ensure physical distancing of at least six feet between employees and customers. This can include use of physical partitions or visual cues (e.g., floor markings or signs to indicate to where employees and/or guests should stand).
 - Collaborate with local restaurants, catering services, or food trucks to deliver to congregate locations.

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- Set up a lunch “buddy program” where a person dines with an older individual (virtually or in-person). A volunteer under age 60 may be offered a meal if doing so will not deprive an older individual of a meal.
- Create multiple “pop-up cafes” to allow for smaller groups to gather in settings such as places of worship, YMCAs, community centers, libraries, housing units, etc. See links for more information on how to set up pop-up cafes: [Iowa Department of Aging Extended Brief](#) and [National Resource Center on Nutrition and Aging](#)
- Collaborate with local restaurants to create a voucher program. See [Guide to Working with Restaurants and Grocery Stores for Meals](#) for more details.

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 the California Department of Public Health (CDPH) for wearing face coverings must be followed. Refer to CDPH’s [Guidance for the Use of Face Coverings](#) which also provides guidance regarding individuals who are exempt from wearing a face covering including:

- Persons who are seated at a restaurant or other establishment that offers food or beverage service, while they are eating or drinking, provided that they are able to maintain a distance of at least six feet away from persons who are not members of the same household or residence.

Implement strategies developed during Stage Two and Three as appropriate.

Consider resuming service delivery at congregate sites while adhering to guidelines for wearing face coverings, handwashing, and physical distancing. Considerations include the following:

- There will be regional variance with reopening criteria met in one county and not another; it is expected that service delivery at congregate sites will not resume at the same time in all PSAs. Continue to follow State and local public health guidance for resuming congregate services for higher risk individuals.
- The readiness of the older adults to re-enter group settings and/or attend social gatherings will vary. Some communities may delay congregate services if the older adults are not comfortable returning due to health and safety concerns, while others may resume congregate services sooner if older adults in the community feel safe attending congregate programs.

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- Because older adults are at higher risk than the general population, it is reasonable to delay congregate services beyond when the State enters Stage Four and the stay at home order is lifted for higher risk individuals.
- During the transition to in-person nutrition services, temporary accommodations may be permitted, such as:
 - Clients with multiple risk factors or who are reluctant or fearful to return to the congregate setting may require continued HDM services.
 - Assessments for new HDM clients may be conducted virtually for clients who may be reluctant to allow others into their home to conduct assessments.
 - HDM eligibility reassessments, conducted in the home every other quarter, may need to be conducted virtually for clients who may be reluctant to allow others into their home.
- 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 congregate services be closed, and State and local public health guidance followed for resuming congregate services for higher risk individuals.