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## Guidance for Area Agencies on Aging Regarding COVID-19

Released November 30, 2021

*This document supersedes previous guidance.*

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### Major Disaster Declaration

#### 1. When is the Major Disaster Declaration (MDD) due to end?

The end of the MDD will be determined by presidential order. CDA will let AAAs know when this occurs and what changes will result.

### Monitoring

#### 2. Are AAAs required to resume monitoring service providers?

Yes. In July 2020, CDA instituted remote program and fiscal monitoring using desk reviews, virtual interviews, conference calls, etc. AAAs are expected to do the same if in-person monitoring is not possible.

### Vaccination and Mask Requirements

#### 3. Are program participants, staff, or volunteers required to be vaccinated or to wear masks?

The California Department of Public Health (CDPH) has provided the following guidance, effective July 28, 2021, regarding masks and vaccination status:

*In California, unvaccinated persons continue to be required to wear masks in all indoor public settings. This guidance is an update, in light of review of the most recent CDC recommendations. To achieve universal masking in indoor public settings, we are recommending that fully vaccinated people also mask in indoor public settings across California. This adds an extra precautionary measure for all to reduce the transmission of COVID-19, especially in communities currently seeing the highest transmission rates. Local health jurisdictions may be more restrictive than this guidance.*

For further details, including exemptions to mask requirements, and for updates to the guidance, please see [CDPH COVID-19 Guidance](#).

AAAs and service providers should consult their own legal counsel for guidance on risk assessment and regarding questions about requiring proof of vaccinations or the use of liability waivers.

## Data Reporting

### 4. How should AAAs report data for services provided with (1) Older Americans Act Funds or (2) supplemental pandemic relief funds (CARES Act, FFCRA, etc.)?

- a. Data related to all services provided with Older Americans Act (OAA) or General Fund Augmentation (GFA) funds should be reported in the California Aging Reporting System (CARS).
- b. Any meals provided with OAA or GFA funds that are not consumed in a congregate setting, including to-go meals, are to be reported as Title III C-2 (home-delivered) meals rather than C-1 (congregate) meals in CARS, per the Administration for Community's Living direction. However, if these meals are funded with C-1 dollars, they should be reported as C-1 meals on budgets and in financial reports. (See question #10 for information regarding required transfers for OAA funds.)
- c. No data related to services provided with supplemental pandemic relief funds (FFCRA, CARES Act, etc.) should be reported in CARS.
- d. Data related to services provided with supplemental pandemic relief funds should be tracked by the AAA and reported to CDA using the department's annual State Program Report Supplemental Relief Form. The following data should be tracked and reported on this form: the service category, the number of people served, the number of service units, expenditures.
- e. Expenditures of supplemental pandemic relief funds should also be reported monthly using CDA's designated forms.
- f. Data related to four service categories (meals, information and assistance, transportation, and case management) should also be reported monthly in CDA's Online Data Reporting Tool. This tool is not connected to CARS.

## Contracts

### 5. Are AAAs required to conduct an RFP for Older Americans Act Title III and Title V services during the pandemic?

For Title III programs, 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 cover a reasonable period 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.

Regarding procurement of Title V/Senior Community Service Employment Program (SCSEP) services, please be advised that the Department of Labor has not waived this requirement; therefore, SCSEP

Projects that are due to conduct a formal procurement for SCSEP must follow the requirements outlined in 29 CFR Part 95.

## Title III C Nutrition

### Resuming Congregate Dining

**6. Now that California has fully reopened as of June 15, 2021, is the decision to re-open congregate sites up to each Area Agency on Aging (AAA)?**

Yes. Each AAA can decide when to resume in-person nutrition services. The decision should be based on state and local public health guidance, along with an assessment of the readiness of the current staff, facility, and older adults at each site where nutrition services are provided.

Additional guidance for reopening is provided in [PM 21-10, Appendix A: Title III C Nutrition Programs](#).

**7. When congregate sites reopen, will intake forms need to be completed for new clients?**

Yes. When in-person congregate services resume, intake forms should be completed for new congregate clients who have not yet had an intake form completed on their behalf.

**8. Will grab-and-go meals continue to be allowed for congregate participants who are hesitant to dine in a congregate setting?**

Yes. AAAs will continue to have the flexibility to provide grab-and-go meals. Meals may be picked up by or delivered to congregate clients who are not comfortable returning to a congregate meal setting.

**9. May nutrition providers count unplanned waste as meals served since it may 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. Nutrition providers can avoid waste by employing strategies such as freezing undistributed meals for future distribution, providing extra meals to those who pick up meals, delivering extra meals to C-1 clients unable to pick up meals, or delivering extra meals to C-2 clients. Note: multiple meals may be provided to clients and counted accordingly.

### Transfers and Funding

**10. 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 the Major Disaster Declaration, AAAs and service providers have some additional flexibility in order to provide disaster relief services. For the current fiscal year (SFY 2021-22), AAAs may move supplemental pandemic relief funds from one service category to another without requesting a transfer. These supplemental pandemic relief funds include FFCRA, CARES Act, CAA, and ARP funds.

However, beginning in State Fiscal Year 2021-22, AAAs no longer have this blanket flexibility regarding Area Plan Older Americans Act funds. For Area Plan OAA funds, AAAs must ask for CDA's approval for all transfers greater than 40 percent between C-1 and C-2 programs, and greater than 30 percent between III B and III C programs.

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

No. CDA acknowledges that as congregate nutrition providers transitioned from providing in-person meals to frozen and shelf-stable meals in 2020, there may have been a drop in service units provided. There will be no negative ramifications due to lower numbers related to the COVID-19 pandemic.

CDA notes that, as of fall 2021, AAAs have received significant new federal funding through FFCRA, the CARES Act, and other pandemic relief initiatives. It is CDA's expectation that AAAs and nutrition providers will increase the number of meals delivered and participants served using this new funding. CDA encourages AAAs and service providers to continue to provide meals to as many older adults in need as resources allow.

**12. May nutrition providers who are contracted to provide congregate meals provide home-delivered or to-go meals during the pandemic?**

CDA does not oversee contracts with local providers. If AAA staff have concerns about local contracts, they should consult with their own contracts and legal staff.

**13. If all meals are counted as C-2 while congregate sites are closed, what happens to future Nutrition Services Incentive Program (NSIP) funding? Will this affect the amount of funding a AAA receives?**

California receives federal NSIP funding based on the total number of meals (C-1 and C-2) provided statewide with Older Americans Act funds. CDA then determines how much each AAA will receive based on local meal counts for both C-1 and C-2. For 2022-23, CDA intends to base the local NSIP allocations on pre-pandemic meal counts for both C-1 and C-2 to avoid penalizing AAAs for fluctuations related to the pandemic.

## Eligibility

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

Yes. During the COVID-19 pandemic, all adults 60 or older are eligible for home-delivered meals. The requirement for quarterly eligibility re-assessments for C-2 clients is suspended while California remains under the Major Disaster Declaration. However, CDA encourages AAAs and nutrition providers to continue to provide wellness checks by any available methods, including visual checks when delivering meals or by telephone. Staff or volunteers unable to work on-site during the pandemic can be redirected to conduct telephone wellness checks.

**15. Can in-home assessments for new home-delivered meal clients be deferred due to risk of COVID-19?**

Yes. In-home assessments for new home-delivered meal 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). Instead, assessment questions should be asked in a phone interview within two weeks of beginning service. Assessments for congregate clients receiving to-go meals are not required while we remain under the Major Disaster Declaration.

**16. Can AAAs 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 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. If meals are picked up or delivered to C-1 client homes due to congregate site closures, a person with a disability who lives with the C-1 client is eligible to receive a meal while the congregate site remains closed. 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 under Title III E funding if it would assist the grandparent.

## **Meal Requirements**

### **17. 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 DRIs and DGAs to the greatest extent possible during this time to maintain the health and manage chronic disease conditions of program participants. ACL and CDA understand that AAAs and service providers may deviate from the DRIs and DGAs while congregate nutrition providers are providing frozen and shelf-stable meals to get meals out to a greater number of older adults. Pursuant to presidential approval on March 22, 2020, of the California Major Disaster Declaration (MDD) under the Stafford Act, Title III service providers are given additional flexibility in providing disaster relief services until the MDD has ended. Among the flexibilities provided are that disaster relief meals are not required to meet the DRIs and the DGAs. These flexibilities extend to meals provided using FFCRA and CARES Act supplemental funding, whether or not the MDD is still in effect.

### **18. How long does CDA anticipate the flexibility regarding meeting the DRIs and DGAs will continue?**

The requirement to provide one-third of the DRIs and following the DGAs is included in the Older Americans Act. The flexibility in meeting this requirement during the COVID-19 pandemic is granted by the federal Administration for Community Living (ACL) and is therefore outside of the scope of CDA's authority. CDA will notify the AAAs when updated guidance regarding this flexibility is provided by ACL. As nutrition programs return to standard operations, it would be prudent to incorporate one-third of the DRIs and follow the DGAs as closely as possible to maintain the health and manage chronic disease conditions of program participants.

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

Yes. It is always allowable to provide more than one meal per day to clients as referenced in the California Code of Regulations (CCR) 7638.5(a).

### **20. Can service providers distribute bulk shelf-stable or frozen meals to clients?**

Yes. Providing shelf-stable or frozen meals in bulk (example: enough meals for one to two weeks) is allowed and is a prudent practice to minimize contact during the pandemic.

### **21. May nutrition providers make unplanned menu changes and substitutions?**

Yes. Nutrition providers should work with their Registered Dietitian (RD) or a AAA RD to establish acceptable menu changes and substitutions that will allow flexibility to accommodate supply chain shortages while still providing nutritious meals.

## **Meal Delivery**

### **22. Can home-delivered meals be carried in ice chests?**

The normal 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 carried in ice chests if cold food is kept at or below 41°F and frozen food is kept in a frozen state. Meals may not be left in ice chests for clients who do not answer the door since safe temperatures cannot be ensured.

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

Yes. This is allowable while the state remains under the Major Disaster Declaration.

**24. 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?**

Drivers can minimize contact by placing meals on doorsteps, ringing the doorbell or knocking, and waiting in a vehicle or at a safe distance until the 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 clients who are not at home (such as using a door tag) are to be followed. Staff or volunteers who feel sick should stay away from work and other people. Please reference [PM 21-10](#) for resources for recommended safety precautions to prevent the spread of COVID-19.

**25. To accommodate meal deliveries with a decrease in volunteers, can background checks be waived for temporary volunteers?**

No. 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.

**26. 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 if the delivery service does not conflict with providing public transportation services or reduce services to public transportation passengers. Contact your Caltrans FTA 5310 program liaison for further information if you intend to modify services provided by your 5310-funded projects.

### **Program Requirements**

**27. Do Title III C-1 clients receiving meals need to sign for them?**

No. Title III C-1 clients do not need to sign for meals during the pandemic. It is acceptable for the person distributing the meal to mark the meal as received by the client. It is up to the AAA to determine a procedure for accurately collecting data on meals served.

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

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

**29. 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 the 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).

**30. 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 (RD) should continue to review and approve the content of all staff training. Pertinent training topics during the COVID-19 pandemic include food safety, 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.

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

AAAs are not required to submit quarterly Wait List data to CDA until further notice. AAAs and service providers are, however, required to establish a Wait List in the event home-delivered meal providers are unable to provide meals to all eligible older adults who request meals, as noted in the CCR 7638.3(c). AAAs and service providers should have policies and procedures in place to track and maintain Wait List data.

**Monitoring (Kitchen Inspections)**

**32. Are we able to postpone scheduled kitchen inspections during the COVID-19 pandemic?**

AAAs have the discretion to temporarily suspend inspections of their service providers' facilities during the COVID-19 emergency, but they are encouraged to conduct desk reviews and/or virtual monitoring.

**Food Safety**

**33. 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:

- a. 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.
- b. Clean and sanitize probe thermometer before and after use and in between different food items.
- c. 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: (1) The food is marked (log time) to indicate the time that is four hours past the point when the food is removed from temperature control. (2) 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 (log time and instruct client at the time of meal delivery). (3) Written procedures are maintained.

The USDA advises: "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:

<https://www.cdc.gov/foodsafety/keep-food-safe.html>

## Allowable Expenses

### **34. Can containers for to-go (i.e., take-out meals) be purchased with III C funds?**

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

### **35. 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 dates when meals are delivered.

### **36. Can the supplemental funding (FFCRA, CARES Act, CAA, ARP) be used to purchase produce from local farmers and farmers markets?**

Yes. Purchasing from farmers and farmers 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.

### **37. 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.

### **38. What flexibility is available to AAAs regarding setting unit rates for meal reimbursement?**

The 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.

## Groceries and Food Banks

### **39. What guidance is there for providing groceries to older adults in the community?**

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, CAA, ARP, or OAA funds (III B, III C, III D, III E). There are two options for recording grocery services outlined below:

- a. Record groceries funded through OAA funds (III B, III C, III D, III E) as service units under Title III B Cash/Material Aid. If using supplemental funds (FFCRA, CARES, CAA, ARP), track data related to groceries but do not report it in CARS.
- b. Record groceries as C-2 meals if the requirements listed below are met. Bags of groceries that meet the requirements would be counted as C-2 meals since they would be consumed at home. The following guidance from ACL applies:
  - i. "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."
  - ii. "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."

- iii. “Under no circumstances should any meal be lower than 534 calories.”

**To determine the number of meals per bag of groceries:**

Count the total calories of the food items in the bag and divide by 600 (calories) to determine the number of meals per bag. For example, a bag of groceries containing 6,000 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.

**40. 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 interested in pursuing collaboration with local food banks should contact the Nutrition and Health Promotion Team via email at [CDANutritionandHealthPromotion@aging.ca.gov](mailto:CDANutritionandHealthPromotion@aging.ca.gov).

**Title III D – Health Promotion**

**41. Can Title III D evidence-based programs (EBP) be delivered remotely during the COVID-19 pandemic?**

Some Title III D EBPs may be delivered using alternate methods, such as web-based conferencing programs. 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/>.

Please note: Not all programs listed are approved Title III D EBPs. For a listing of approved EBPs, please refer to: <https://acl.gov/programs/health-wellness/disease-prevention> or contact [CDANutritionandHealthPromotion@aging.ca.gov](mailto:CDANutritionandHealthPromotion@aging.ca.gov).

**42. What options are available during the COVID-19 pandemic if remote delivery of an evidence-based Title III D 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. However, these classes would not be reported as Title III D activities since they do not meet the criteria for Title III D.

When recording classes that are not approved EBPs or are not approved for remote implementation, the following guidance applies:

- a. If the activity is funded through OAA funds (III B, III C, III D, III E), report service units under Title III B Health.
- b. If the activity is funded using supplemental funds (FFCRA, CARES, CAA, ARP), track it as a Title III B Health activity and report it on CDA’s annual State Program Report Supplemental Relief Form.

Title III D EBPs that are approved for remote implementation should be reported as usual in CARS if they are provided with OAA funds. If they are provided with supplemental funds, they should be tracked as Title III D EBPs and reported on CDA’s annual State Program Report Supplemental Relief Form.

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/>

## Title III B and III E: Supportive Services and Family Caregiver Support

### **43. Should AAAs and service providers resume in-person services for programs that require close contact like Personal Care, Homemaker, Chore, Transportation, etc.?**

It is at the AAA's discretion to resume in-home services that have been deferred (e.g., case management, comprehensive assessments, homemaker) and in-person group programs and activities (e.g., adult day care, senior center activities, support groups). If a AAA decides to offer in-person programs and services, it should also continue to provide remote options, such as online community education, support groups, and trainings. Follow any guidelines provided by your local public health agency regarding in-person services. For more information, see [Program Memo 21-10](#), Appendices A-C.

### **44. For any Title III B or Title III E services that have been suspended, can another service category be delivered instead?**

Funding for services that are suspended due to health and safety concerns may be used to provide other III B or III E services that can be delivered safely. For example, Adult Day Care services could be changed to Telephone Reassurance services, or Transportation could be changed to Chore for delivering groceries. AAAs that make this type of change do not need to revise their previously approved Area Plans.

AAAs should report services under the category that best describes the service. 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.

### **45. Can OAA-funded services under Titles III B and III E that are usually delivered in-person be delivered remotely instead?**

Yes. If an OAA-funded service is delivered remotely, such as by telephone, computer, or other means, the AAA should report that service under the normal service category. For example, a support group could be held via a conference call, or case management could be provided without an in-person assessment.

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

Follow the guidelines set by state and local public health officials. Advise staff or volunteers that they should stay away from work or other people if they are sick. Refer to the Centers for Disease Control and Prevention (CDC) Symptom Screener for guidelines and digital resources.

Additionally, people should take the following steps to protect themselves and those around them:

- a. Risk reduction measures should be utilized when in-person group programs and activities are resumed, including masking, handwashing, and physical distancing.
- b. Wear face masks and encourage others to wear them.
- c. Ensure hand sanitizer is available where handwashing is not feasible.
- d. Develop cleaning and disinfecting protocols.
- e. Have a reservation system and adhere to maximum capacities and physical distancing as set forth by your local health authorities.
- f. Consider outdoor programming, if feasible.
- g. Develop protocols to ensure compliance for physical distancing for older adults with cognitive issues.

Consider options for accommodating participants who are not ready to attend in-person activities, such as virtual support groups or trainings.

**46. Are costs associated with preventing the spread of COVID-19 allowed expenditures now that the stay-at-home order has been lifted?**

Yes. Personal protective equipment and supplies, such as face coverings, gloves, face shields, non-contact thermometers, and hand sanitizer, are still allowable costs for Title III programs.

## Fall Prevention

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