

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

Appendix B of PM 20-18: Title IIIB Supportive Services Title III E Family Caregiver Support Program

The purpose of this document is to provide updated guidance on temporary alternative service delivery of the OAA Supportive Services (Title IIIB) and Family Caregiver Support Program (Title III E) during the COVID-19 pandemic as it aligns with the State's [Blueprint for a Safer Economy](#). The *Blueprint* refines the approach for reopening businesses and activities originally documented in 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 as defined in the *Blueprint*. AAAs should continue to comply with State and local county public health. The decision to resume in-person Title IIIB and Title III E programs will be made at the local level and should be based on state and local public health guidance, along with consideration of the readiness of the older adults at each site where OAA services are provided.

Tier 1 through 3:

In-person services or activities are deferred while a county is in Tier 1 through 3, unless they can be delivered remotely.

- Services that can be delivered remotely such as by telephone, computer, or other alternative means can be done without a change to the service category. Examples include legal services being delivered telephonically, a support group being held via video conferencing, or case management provided via phone without a face-to-face assessment.
- Services that are temporarily suspended due to health and safety concerns and cannot be reasonably delivered remotely may be changed to another service category that can be delivered remotely. For example, Adult Day Care services could be changed to Telephone Reassurance services and Transportation could be changed to Chore for delivering groceries.
- Services that require close contact should be triaged by risk to the client. Only services that are considered essential to the client's health and safety may be delivered in-person following guidelines set by State and local public health officials. Examples of essential services include but are not limited to: Personal Care and Transportation to provider appointments. Essential workforce information is provided on the State's COVID-19 website: <https://covid19.ca.gov/essential-workforce/>. For Information related to public transportation, refer to [COVID-19 Industry Guidance Public Transit and Intercity Passenger Rail](#).

Begin preparation for resuming in-person programs. Note that when in-person programs resume, guidance in the *Blueprint* limits attendance to a maximum of 50

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percent capacity. Possible strategies in preparation for resuming in-person programs include:

- 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 a reservation system if unable to accommodate all clients with a maximum of 50 percent capacity and with physical distancing requirements.
- Plan protocol for ensuring face coverings are available, as feasible, for staff or participants 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 participant 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. Limit the number of clients participating in-person to a maximum of 50 percent capacity.
- Develop protocols/strategies to ensure compliance for physical distancing for older adults with cognitive issues.
- Consider outdoor programming, if feasible.
- Consider options for accommodating participants who are not ready to attend in-person activities, such as offering virtual support groups or caregiver trainings.

Tier 4:

AAAs may consider resuming in-home programs (e.g., case management, comprehensive assessments, homemaker, etc.) and in-person group programs (e.g., adult day care, senior center activities, support groups, etc.) and implementing strategies developed during previous tiers, as appropriate. Because older adults remain at higher risk for COVID-19 and serious outcomes, it would be prudent to defer in-person programs until a county has remained in Tier 4 for several weeks.

When in-person programs are resumed, safety precautions to prevent the spread of COVID-19, including wearing face coverings, handwashing, and physical distancing, must be followed. Refer to California Department of Public Health (CDPH) [Guidance for the Use of Face Coverings](#) which also provides guidance regarding individuals who are exempt from wearing face coverings.

Considerations for resuming in-person programs include the following:

- There will be regional variance with reopening criteria met in one county and not another; it is expected that in-person programs will not be resumed at the same

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time in all PSAs. Continue to follow State and local public health guidance for resuming services for higher risk individuals.

- The readiness of the older adults to resume in-person programs will vary. Some sites may delay in-person programs if the older adults are not comfortable returning due to health and safety concerns, while other sites may resume in-person programs sooner if the older adults in the area feel safe attending in-person programs.
- During the transition to in-person programs, temporary accommodations may be permitted, such as:
 - Participants with multiple risk factors or who are reluctant or fearful to return to an in-person setting may require continued remote services (e.g., telephonic case management).
 - Assessments for new participants and reassessments for existing participants may need to be conducted virtually for participants who may be reluctant to allow others into their home to conduct assessments (e.g., case management).
- Consider options to provide activities remotely, such as offering virtual community education, support groups and trainings. Offering a virtual option to participants post-COVID-19 may be an effective strategy to engage older adults who have not previously participated in Title IIIB or Title IIIE programs.
- If there is a surge of new cases at any point in a county, it is recommended that in-person non-essential services be closed and State and local public health guidance followed for resuming in-person services for higher risk individuals.
- 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 programming 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.