

## Updated Guidance for Resuming In-Person Service Delivery of the Older Americans Act Programs During the COVID-19 Pandemic

Appendix C of PM 21-10: Title IIIID Disease Prevention and Health Promotion Program

The purpose of this document is to provide updated guidance for resuming in-person service delivery of the Older Americans Act (OAA) Title IIIID Disease Prevention and Health Promotion Programs during the COVID-19 pandemic.

The State of California is preparing to move beyond the [Blueprint for a Safer Economy](#). On June 15, 2021, the tier-based approach of the *Blueprint* will no longer be in place and California will fully open its economy if criteria are met regarding vaccinations and hospitalizations.

Until the Governor announces that the State has met the criteria to move beyond the *Blueprint*, the Area Agencies on Aging (AAA) should continue to follow the current guidance which is to defer in-person Title IIIID programs until after a county reaches Tier 4 (the yellow tier) and, ideally, until a county remains in the yellow tier for several weeks.

Once the State meets the required criteria for moving beyond the *Blueprint*, on June 15<sup>th</sup> or later, it will be at the AAAs discretion to resume in-person Title IIIID programs. The decision 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 current staff, facility, and older adults at each site where Title IIIID programs are provided. Risk reduction measures should be continued, including masking, handwashing, and physical distancing. Participants who have not received vaccinations should be referred to vaccination sites. Updates regarding the status of the moving beyond the *Blueprint* can be found at [COVID19.ca.gov](#) and [Beyond the Blueprint for a Safer Economy](#).

### Preparation for Moving Beyond the *Blueprint*

AAAs and service providers should ensure plans are in place for resuming in-person Title IIIID evidence-based programs (EBP) in preparation for moving beyond the *Blueprint*. Possible strategies in preparation for resuming in-person EBPs include:

- Staff/volunteer training regarding COVID-19 risk reduction measures. Refer to the CDC [Symptom Screener](#) for guidelines and digital resources.
- Cleaning and disinfecting protocols.
- Create a reservation system if needed to manage capacity.
- Protocols for ensuring hand sanitizer is available for staff and client use where handwashing is not feasible.
- Protocols for ensuring masks are available, as feasible, for clients who arrive without a mask and protocol for those who elect not to wear a mask. Masking protocols will remain in place until adjusted or discontinued per state and/or local public health guidance.

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- Develop measures to maintain physical distancing of at least six feet, such as floor markings to indicate individual space on floor. Physical distancing protocols will remain in place until adjusted or discontinued per state and/or local public health guidance.
- Consider outdoor programming, if feasible.
- Consider adopting new EBPs that offer flexibility with in-person or virtual delivery. The National Council on Aging (NCOA) provides guidance on EBP)s that are approved for virtual delivery: [Track Health Promotion Program Guidance During COVID-19](#).
- AAAs and service providers should consult their own outside legal counsel for guidance on risk assessment and regarding questions about requiring proof of vaccinations or use of liability waivers.

### Moving Beyond the *Blueprint*

When the State meets the required criteria for moving beyond the *Blueprint*, it will be at the AAAs discretion to resume in-person EBPs. The decision 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 current staff, facility, and older adults at each site where EBPs are provided.

Continue to follow State and local public health guidance for potential statewide or local changes impacting in-person services. Updates regarding status of the moving beyond the *Blueprint* can be found at [COVID19.ca.gov](https://www.covid19.ca.gov) and [Beyond the Blueprint for a Safer Economy](#).

Risk reduction measures should be continued when in-person EBPs are resumed, including masking, handwashing, and physical distancing. Participants who have not received vaccinations should be referred to vaccination sites. Vaccine information can be found at <https://aging.ca.gov/covid19/>.

Considerations for resuming in-person EBPs include the following:

- 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](#).
- 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.

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### Program Flexibilities

In response to the COVID-19 pandemic, both ACL and CDA have allowed program flexibilities due to the need for safety precautions to prevent the spread of COVID-19. The program flexibilities are detailed in the [Frequently Asked Questions - Guidance for AAAs for COVID-19](#). The reversing of the program flexibilities will be tied to the ending of the Major Disaster Declaration (MDD). Program flexibilities should continue no more than six months after the Major Disaster Declaration (MDD) ends. CDA will inform the AAAs once the MDD ends and the six-month transition period to reverse the flexibilities begins.

Note that the flexibility to offer a virtual option for EBPs will continue 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](#).