



## Older Americans Act - Services *Frequently Asked Questions*

Released March 13

Updated March 18, March 20, March 26, March 27, April 3, 2020

The following guidance shall remain in effective until the Executive Order is removed.

The following *Frequently Asked Questions* will be updated continuously and made available for review. Contracted services providers are expected to contact the Area Agency on Agency (AAA) for guidance. Other community-based organizations and service providers are encouraged to contact the AAA for direction in supporting older adults in their regions.

### GENERAL QUESTIONS

**1. Q: What should I do if I suspect a staff or agency member is at risk for COVID-19?**

**A:** In the event you a staff or agency member displays symptoms of COVID19, it is important to place them in a private room away from others and ask them to wear a face mask. Immediately notify your [Local Health Department](#). They will provide you with guidance.

**2. Q: What are reputable sources of COVID-19 information?**

**A:** Reputable, trusted sources of COVID-19 include the following:

- [Centers for Disease Control and Prevention \(CDC\)](#)
- [Administration on Community Living \(ACL\)](#)
- [Centers for Medicare and Medicaid Services](#)
- [Ohio Department of Health \(ODH\)](#)
- [Ohio Department of Aging \(ODA\)](#)

**3. Q: Will there be a federal tax extension?**

**A:** The Secretary of the Treasury has determined that any person with a Federal income tax payment due April 15, 2020 is affected by the COVID-19 emergency. For an Affected Taxpayer, the due date for making Federal income tax payment due April 15, 2020, has been postponed to July 15, 2020. For more details, visit [Relief for Taxpayers Affected by Ongoing Coronavirus Disease 2019 Pandemic](#).

*Fostering sound public policy, research, and initiatives that benefit older Ohioans.*

**4. Q: Is there any federal emergency/disaster relief funding available to enhance older adult services?**

A: The President declared that COVID-19 warrants an emergency determination under section 501(b) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5121-5207 (the "Stafford Act"), and that the emergency exists nationwide. The President stated in the emergency declaration, requests for a declaration of a "major disaster" may be appropriate and encouraged Governors and Tribal Leaders to consider requesting such a declaration.

Should a state request and receive a Major Disaster declaration by the President, this declaration would trigger disaster relief authority in the Older Americans Act (OAA) permitting states to use any portion of the funds made available under any and all sections of OAA for disaster relief for older individuals. In this regard, flexibility is provided for states – without the need for a separate application, transfer request, or request for a waiver -- to use existing allocations already made to them under Title III-B, C-1, C-2, D, and E for disaster relief.

~~Ohio Governor Mike DeWine has submitted a request of Major Disaster Declaration. We are awaiting notice of declaration approval.~~ Ohio received Major Disaster Declaration on March 31, 2020.

**5. Q: Where can I find information about family caregivers supports during the COVID-19 pandemic?**

A: Reputable, trusted sources of family caregiver supports during COVID-19 include the following information:

- [Administration on Community Living \(ACL\)](#)
- [Ohio Department of Health \(ODH\)](#)
- [Ohio Department of Aging \(ODA\)](#)
- [Family Caregiver Alliance](#)
- [Generations United](#)
- [National Respite Network and Resource Center](#)
- [Caregiver Action Network](#)

In addition, you may also find the following ODA caregiver support resources helpful:

- [Caregiver Checklist #1: Self-Care Tips](#)
- [Caregiver Checklist #2: Dementia Care](#)
- [Caregiver Checklist #3: Kinship Caregivers](#)
- [Caregiver Checklist #4: Helping Older Adults](#)

**6. Q: What guidance can you share related to the closing of adult day centers and senior centers?**

A: In compliance with the [Director's Order](#), effective of close of business on March 23, 2020, all facilities providing older adult day care services and senior centers were ordered to close. These settings are permitted to perform non-congregate functions to assist older adults in the community. A congregate setting is defined as a single location where more than 10 people are present. The [Checklist for Adult Day Centers and Senior Center](#) was developed for those centers impacted by these closures. This checklist provides guidance and advice related to continuation of care for your clients and new lines of businesses.

**7. Q: What resources or solutions exist to support socialization of older adults who are socially isolated during COVID-19?**

**A:** There are many resources including online evidence-based programs, web-based communication technologies (Skype, FaceTime, etc.) and phone-based peer support that are being used across the network to address social isolation. ACL is working to synthesize these resources and will be disseminating them broadly with the intent of rapidly replicating successful approaches.

To extend possible, providers are encouraged to continue engaging with consumers and/or program participants, including offering health and wellness tips and resources while isolated. *Refer to question 28 for additional detail related to evidence-based disease prevention and health promotion workshops.*

Below is a sample listing of other technology resources that have been implemented nationwide:

- Zoom platforms to connect providers to consumers;
- iPhone FaceTime and Skype technologies to connect friends and families;
- Social media platforms – connecting individuals via Facebook and Instagram

For more examples about enhancing socialization during physical isolation, the following resources may be helpful:

- [The National Long-Term Care Ombudsman Resource Center: Resident Support and Communication](#)
- [National Certification Council for Activity Professionals: Activity Resources](#)
- [Maine Health Care Association: Notes for Seniors](#)

## NUTRITION SERVICES QUESTIONS

**8. Q: How can congregate meal providers plan for emergency closings?**

**A:** To prepare for emergency closings, providers must distribute information to consumers on how to stock an emergency food shelf. During this Emergency Order, providers are not required to provide consumers with notice that a congregate meal site has closed.

**9. Q: How can home-delivered meal providers plan for emergency closings?**

**A:** To prepare for emergency closings, providers are required to develop and implement written contingency procedures for emergency closings. Providers must distribute information to consumers on how to stock an emergency food shelf or distribute shelf-stable meals to consumers for an emergency food shelf. Additionally, providers should provide timely notification of emergency situations to all consumers.

**10. Q: Can a home-delivered meal provider move to periodic delivery of meals?**

**A:** Yes, a provider may elect to suspend daily, hot-meal deliveries and temporarily transition to periodic delivery. Periodic delivery includes delivering meals to cover multiple mealtimes in one meal delivery, include weekly deliveries. Consumers should be notified of with any changes to meal delivery. Period delivery may include refrigerated, frozen, and/or shelf-stable meals.

**Providers should consider packaging home delivered meals and supplies in packages which do not exceed the physical ability of the consumer to lift and carry the packages into their home.**

**11. Can congregate meal consumers become a home-delivered meal consumer?**

**A:** Yes, however before enrolling a consumer, the service provider must first verify that the home-delivered meals are eligible for payment under OAA.

During the period of the Emergency Order, abbreviated assessments may be completed via telephone or online format. No direct, in-person observation is required. To determine initial eligibility, abbreviated assessment must include (1) evaluation of consumer's ability to prepare meals and (2) if they lack another meal support service in their home or community.

**When evaluating a consumer's ability to prepare meals, providers should consider issues that have developed since the COVID-19 crisis, including lack of access to food/groceries and the need to shelter-in-place. When evaluating a consumer's meal support service in their home or community, providers should consider issues that have developed since the COVID-19 crisis, including closure of congregate meal sites, adult day facilities, and senior centers and the lack of family/caregiver assistance to provide meal support due to social distancing and/or exposure risk.**

All NAPIS reporting requirements, including poverty reporting information, must be input within 90 days after ODA removes emergency management guidelines.

**12. We are receiving a lot of requests for home-delivered meals. Some of these requests are for older adults who may not meet the eligibility requirements. Can the eligibility requirements be suspended?**

**A:** Home-delivered meal enrollment criteria will not be suspended, however as adults over the age of 65 are strongly encouraged to shelter in place, many individuals once "ineligible" may now be eligible at this time. With the Governor's ordered closure of senior centers, adult day services, and congregate meal locations, individuals may now lack a meal support service.

Home-delivered meals are eligible for payment with OAA funds if the consumer is 60 years of age or older and meets the following requirements: unable to prepare his or her own meals,

unable to consumer meals at a congregate dining location due to physical or emotional difficulties and lacking another meal support service in the home or community.

When evaluating a consumer's ability to prepare meals, providers should consider issues that have developed since the COVID-19 crisis, including lack of access to food/groceries and the need to shelter-in-place. When evaluating a consumer's meal support service in their home or community, providers should consider issues that have developed since the COVID-19 crisis, including closure of congregate meal sites, adult day facilities, and senior centers and the lack of family/caregiver assistance to provide meal support due to social distancing and/or exposure risk.

**13. Q: Are home-delivered meal providers required to obtain consumer signature upon delivery?**

**A:** During the period of the Emergency Order, consumer signature is not required for meal delivery verification. Providers must obtain visual confirmation that meals have been received by the consumer. Meals should not be left at door if consumer is not home.

**14. Q: What should meal delivery personnel do if the consumer does not answer the door?**

**A:** In the event the consumer does not answer the door, or for who a visual/audio contact is not made, the consumer should be contacted by telephone. If the consumer is unable to be reached, delivery personnel or provider staff should connect with their emergency contact or local authorities to complete a wellness check.

Leaving delivered items, including meals and groceries, at the door of a consumer's home without visual or audio contact is not recommended. This approach does not align with safe food handling practices and may increase the risk of contamination and foodborne illness. In addition, this unsafe practice increases the risk of theft.

**15. Q: When are providers allowed to distribute emergency meals to program participants for planned emergencies?**

**A:** Programs can determine for themselves the best time to distribute emergency meals. It is generally good practice to have them in the participant's home prior to when service interruptions are anticipated to occur. Program participants should be informed about the use of these meals, and these meals should be consumed within one year or according to expiration dates. All meals should be date labeled.

**16. Q: ~~If a congregate nutrition provider has an emergency and they use shelf-stable meals, can those meals be counted as NSIP meals?~~ Can emergency meals, such as shelf-stable meals meet the nutrition requirements for NSIP?**

**A:** ~~Yes, in emergency situations only (remember: the purpose of congregate nutrition program includes socialization), these meals can be counted as NSIP (assuming, of course, that the shelf-stable meals are domestically produced and program participants meet NSIP requirements). A provider cannot, on a routine basis, count shelf-stable meals as NSIP meals. A prudent program administrator would count the meal when it is served.~~ **If the shelf-stable meal meets nutrition requirements, the meal meets the requirements of NSIP. In accordance with OAC 173-4-05(9), for each meal time the provider must offer meals that satisfy at least one-third of the dietary reference intakes (DRIs). In addition, for each meal time the provider must offer meals that follow the 2015-2020 Dietary Guidelines for Americans. Meals purchased not meeting the DRIs/DGAs requirements are not NSIP-eligible.**

**17. Q: If a nutrition provider wants to send a congregate meal home with a senior, can it be counted as an OAA Title III C-1 meal?**

**A:** Yes, Title III-C1 funds may pay for *occasional* carry-out (“to-go”) meals, including meals sent home with consumers to prepare for an anticipated closing of a congregate meal site or necessity due to other emergency management situations, including pandemics. Consumers may consume these carry-out meals off-site. Consumers **should not** be required to consume these meals on-site, such as in their car.

These meals should be provided only occasionally, as short-term solutions to address a nutrition need. Consumers who require more than an occasional meal should transition to receiving home-delivered meal from a contracted meal service provider.

**18. Q: With the Governor’s Stay-At-Home Order, why is providing “grab-and-go” meals at congregate meal sites a good idea?**

**A:** Across the state, the aging network and the system of nutrition service providers have promptly increased efforts and staffing to expand capacity to meet the increasing nutrition needs of older adults during the pandemic. At the request of many individuals, congregate meal consumers have since been transitioned to receiving home-delivered meals during this time.

In addition, many congregate meals sites have remained functional and have expanded their capacity to provide **occasional** carry-out/ “grab-and-go” meals to consumers. These meals are crucial to supporting the nutrition needs of many older adults, especially persons who are homeless or live with unstable housing. For many older adults receiving nutrition services, this may be the only meal they consume the entire day.

“Grab-and-go” meal sites are taking safety precautions and have implemented strategies to decrease risk of exposure to consumers. These strategies include minimizing and limiting personal contact when at all possible. Meal staff and volunteers may directly place meals in a vehicle’s trunk, limiting contact with the consumer. In addition, sites may allow consumers to pick up meals for multiple days at a time.

While Ohio’s network of nutrition service providers continues to expand capacity, these “grab-and-go” sites allow more consumers to be served more efficiently. Many home-delivered meal providers are beginning to feel the strain of the increased demand of meal delivery services. As this pandemic continues, meal service providers may soon experience staffing capacity issues as well. These “grab-and-go” sites allow less staff to serve more people.

Grab-and-go meals should be provided only occasionally, as short-term solutions to address a nutrition need. Consumers who require more than an occasional meal should transition to receiving home-delivered meal from a meal service provider.

**19. Q: Are any accommodations ever made by ACL regarding NSIP funding for disasters?**

**A:** ~~NSIP reimbursement is based on the previous year’s meals served, so it is possible that AAAs see a funding decrease as a result of the emergency. If the state reports a decrease greater than 10%, ODA is required to submit a variance explanation. The variance explanation briefly describes the cause for the decrease.~~ The COVID-19 crisis is expected to completely skew traditional meal service and meal counts. As a result, ACL is holding harmless meal counts from 2019 and will apply them to 2020 and 2021 NSIP allocations. This will alleviate the need to count COVID-19 meals for purposes of NSIP.

To limit the impact of serving fewer meals, a nutrition provider may deliver shelf-stable, grab and go, frozen, drive through, etc. meals to home-delivered meal program clients to be consumed on those days when service may be disrupted. In the event of an emergency where

Title III-C program participants consume their shelf-stable meals, the nutrition provider may deliver additional meals to replenish those consumed during the emergency event. Then the provider may count those replenished meals as NSIP meals (if the meals and the program participants meet NSIP requirements). The shelf-stable, grab and go, frozen, drive through, etc. meals can be counted when they are delivered, as it would not be possible to know when the meals actually are consumed.

**20. Q: Will NSIP be calculated based on COVID-19 meals served?**

**A:** No. The COVID-19 crisis is expected to completely skew traditional meal service and meal counts. As a result, ACL is holding harmless meal counts from 2019 and will apply them to 2020 and 2021 NSIP allocations. This will alleviate the need to count COVID-19 meals for purposes of NSIP. COVID-19 meals resulting from the supplemental appropriations (Families First and CARES Act) must be reported and accounted for separately. The determination of the exact manner of those reports is underway and will be forthcoming.

**21. Q: What alternative methods can be used to provide meals?**

**A:** AAAs should work with their local health department and/or emergency management to determine the best method to provide meals in the event of a closure. Shelf-stable, frozen, grab and go, drive-up, and drive-through meals may be paid for from Title III-C funds if program requirements are met.

Additionally, NSIP funds may be used to pay for these meals if the meals and the program participants meet NSIP requirements. To cover increased demand for home-delivered or any meal that is to be consumed in the home, AAAs may transfer Title III funds.

**22. Q: Could current OAA service providers add grocery ordering and delivery to their contracted services?**

**A:** Grocery ordering is a service that assists consumers with the act of grocery shopping, including ordering and delivery. Title III-B (supportive services) funds can be used for this service. Although OAA funds may not be used to purchase actual groceries, other funds, including Senior Community Service or local levy funds may be used.

In agreement with the AAA, current OAA providers may add grocery ordering and delivery to their contract services without re-bidding. If existing contracted-service providers have the capacity and interest to take on this service, it is encouraged.

**23. Q: Could providers use grocery ordering and delivery services to coordinate delivery of Commodity Supplement Food Program (CSFP) food boxes from foodbanks to consumers?**

**A:** Yes, current OAA providers may add grocery ordering and delivery to their contract for services, including the delivery of commodity food boxes, without re-bidding. If existing contracted-service providers have the capacity and interest to take on this service, it is encouraged. When entering data into WellSky, these services should be identified as "Grocery Ordering and Delivery" with the sub-service "COVID-19 Grocery Ordering and Delivery". Different fund identifiers could be assigned if multiple funding sources exist.

**24. Q: What should nutrition service providers do if home-delivered meal (Title III-C2) consumers on a waiting list? Are congregate meal (Title III-C1) consumers a higher priority?**

**A:** In effort to maintain nutrition access for consumers currently served, congregate meal consumers should be made priority over consumers on the home-delivered meals waitlist. We have the responsibility to continue providing meal services to those individuals currently receiving meals. It is important to keep in mind that not all congregate meal consumers will want to receive home-delivered meals.

**25. Q: The personal assessment of home-delivered meal consumers is a barrier to activating immediate meal distribution. Are service providers required to complete the assessment for new consumers?**

**A:** An abbreviated, 2-item assessment must be completed for any new HDM consumers. Abbreviated assessments may be completed via telephone or online format. No direct, in-person observation is required. To determine initial eligibility, abbreviated assessment must include (1) evaluation of consumer's ability to prepare meals and (2) if they lack another meal support service in their home or community.

When evaluating a consumer's ability to prepare meals, providers should consider issues that have developed since the COVID-19 crisis, including lack of access to food/groceries and the need to shelter-in-place. When evaluating a consumer's meal support service in their home or community, providers should consider issues that have developed since the COVID-19 crisis, including closure of congregate meal sites, adult day facilities, and senior centers and the lack of family/caregiver assistance to provide meal support due to social distancing and/or exposure risk.

All NAPIS reporting requirements, including poverty reporting information, must be input within 90 days after ODA removes emergency management guidelines.

**26. Q: Will the nutrition requirements of provided meals be relaxed?**

**A:** Currently, Older Americans Act Title III-C1 (congregate meal) and C2 (home-delivered meals) funded meals must comply with the 2015-2020 Dietary Guidelines for Americans (DGAs). The provider must provide a meal that satisfies at least one-third of the Dietary Reference Intakes (DRIs). To the extent practical, the provider must ensure meals are adjusted to meet any special dietary needs of consumers. ~~At current time, there does not exist a need to relax nutrition requirements.~~ The current OAA statute does not give ACL or ODA the authority to waive the DRIs.

However, due to the declaration of a Public Health Emergency by the Secretary of HHS, ACL will consider the purchase of meals that may or may not meet the DRIs/DGAs requirements under the provision in Part B, Section 321(a)(25) "any other services necessary for the general welfare of older individuals". Therefore, Title III-B may pay for meals that do or do not meet DRIs/DGAs requirements during this Public Health Emergency to ensure access to meals for seniors.

Guidelines under the COVID-19 Families First Coronavirus Response Act, and the COVID-19 Coronavirus Aid Relief and Economic (CARES) Act do not require disaster relief meals and meals purchased with supplemental funding to meet Dietary Reference Intakes (DRIs). However, ACL and ODA encourage the use of DRIs/DGAs to maintain health and manage chronic disease and should only be waived in cases of food supply issues. It is encouraged that meals still meet 1/3 (33%) caloric requirements for older adults.

Waiver of DRIs/DGAs only applies to Families First Coronavirus Response Act, CARES Act, and OAA Title III-B emergency assistance funds. Meals purchased not meeting the DRIs/DGAs requirements are not NSIP-eligible meals.

**27. Q: Are home-delivered meal volunteers required to obtain a background check before being able to deliver meals?**

**A:** Ohio Administrative Rules do not require OAA-funded home-delivered meal volunteers to obtain a background check prior to meal delivery. During this Emergency Order, consumer signature is not required for meal delivery verification. Providers/delivery drivers must obtain



visual confirmation that meals have been received by the consumer. Meals should not be left at door if consumer is not home.

It is important to have partnerships in the community that can offer assistance to deliver meals to consumers. These partnerships may include police or fire departments, teachers and other entities with the capability of delivering meals.

**28. Q: Can meal delivery personnel enter the home of a consumer?**

**A:** Meal delivery personnel should minimize going into the consumer’s home, unless necessary. If delivery personnel must enter the consumer’s home, this should be a rare incident and not be a routine occurrence. If delivery personnel enter the home, the delivery personnel will document the reason for entering the home and submit that documentation to the service provider. Pre-screen of delivery personnel and the consumer should occur to mitigate COVID-19 risk. Delivery personnel should never enter the home of consumer who is symptomatic. Delivery personnel should not deliver meals if they are symptomatic.

**29. Q: Can restaurant-based congregate dining program use Title III-C1 funds to provide “carry-out” meals.**

**A:** Title III-C1 funds may be used for carry-out meals, including meals sent home with consumers to prepare for an anticipated closing of an established, contracted congregate meal site or necessity due to other emergency management situations, including pandemics.

**30. Q: Can congregate meal providers distribute frozen meals as “carry-out” meals?**

**A:** Yes, congregate meal providers can distribute frozen meals as “carry-out” meals. **These meals should be provided only occasionally, as short-term solutions to address a nutrition need. Consumers who require more than an occasional meal should transition to receiving home-delivered meal from a contracted meal service provider.**

## NON-NUTRITION SERVICES QUESTIONS

**31. Q: Should we cancel any currently scheduled Evidence-Based Disease Prevention and Health Promotion workshops?**

**A:** It is imperative to take every step possible to reduce risk and follow the guidance distributed daily related to social distancing ([www.coronavirus.ohio.gov](http://www.coronavirus.ohio.gov)). It is important to follow your State and local health department recommendations on limiting meetings, gatherings, and workshops. It is likely that in an epidemic, the size of the group will be a factor as well as the susceptibility of the class participants. In the case of COVID-19, older adults and people with chronic illnesses seem to be at higher risk of complications than other groups.

Mass gatherings have been prohibited in the state of Ohio. Mass gatherings are defined as any event or convening that brings together 10 or more persons in a single room or single space at the same time such as an auditorium, stadium, arena, large conference room, meeting hall, theater, or any other confined indoor or outdoor space.

To slow the spread of COVID-19, the Centers for Disease Control and Prevention (CDC) recommend avoiding social gatherings in groups of more than 10 people.

To extend possible, providers are encouraged to continue engaging with program participants, including offering health and wellness tips and resources while isolated. During this time, evidence-based program providers are encouraged to explore alternative workshop-designs, including virtual and telephone-based formats to deliver workshops remotely. It is always important to maintain fidelity to the program model. Workshop providers should first determine if the evidence-based model allows and supports alternative formats. To identify evidence-based programs that are permitted for remote delivery formats, visit [NCOA: Health Promotion Program Guidance During COVID-19](#) for more details.

**32. Q: Are service providers required to obtain consumer signature upon receipt of service?**

**A:** During the period of the Emergency Order, consumer signature is not required for service delivery verification of the following OAA-funded services: nutrition services (congregate meals and home-delivered meals); grocery shopping assistance; grocery ordering and delivering services; and, transportation. Providers must obtain another form of verification that services were delivered (visual confirmation, delivery driver signature, etc.).

**33. Q: If an Adult Day Services (ADS) facility closes, can ADS staff provide services to ADS consumer in-home?**

**A:** ODA has requested a suspension of provider pre-certification reviews for agency providers that want to add additional services. ODA will share additional updates soon.

**34. Q: What if the ability of providers to maintain in-home services and transportation is affected?**

**A:** AAAs and service providers should follow local and state health department and emergency management guidance. There may be a shortage of in-home workers due to their own illness, childcare issues, or a concern about serving multiple clients in one day. AAAs and service providers are encouraged to triage consumers and focus on those essential services that are needed to complete activities of daily living. Service providers should focus on clients without informal support. Medical transportation to essential activities, including dialysis and medical treatments should be prioritized. "Group trips" should be minimized whenever possible.

**35. Q: What are Priority Level rankings? Are these required?**

**A:** As of 03/10/2020, WellSky offers the capability to assign a disaster priority level to every enrollee. This functionality was added to facilitate the network's ability to prioritize the care needs of individuals potentially impacted by emergency situations, such as loss of electricity, travel barriers due to flooding, provider shortages related to illness, etc.

All individuals enrolled and actively being served in the following Older Americans Act service programs are required to have an assigned disaster priority level: Personal Care, Adult Day Services, Escort - Assisted Transportation, Home Delivered Meals and Care Coordination. For Care Coordination, the Disaster Priority is assigned by the Care Coordinator in WellSky. The Disaster Priority will be assigned by the contracted service provider for the other services listed.

A disaster priority level will need to be assigned to all new Older Americans Act enrollees to the services listed above. If an individual is enrolled in one of the aforementioned services and does not have an assigned disaster priority, the contracted service provider or Care Coordinator at the Area Agency is required to assign a priority level to the individual(s). For all individuals with an assigned disaster priority, the Area Agency on Aging is to review the individual's needs to validate appropriateness of the assigned disaster priority level.

No later than 45 days after the date of the notice (3/13/2020), Older Americans Act contracted service providers providing Personal Care, Adult Day Services, Escorted Transportation and Home Delivered Meals and Older Americans Act Care Coordinators providing Care Coordination at the Area Agencies on Aging are required to review the WellSky record for all individuals enrolled in the aforementioned services and ensure all individuals are assigned a Disaster Priority classification, reflective of their current needs.

Moving forward, disaster priority levels should be assigned to all new individuals, even after the Emergency Order is lifted.

**36. Q: How do I report consumers who decline to give me all the information that I need to input, in particular their social security number?**

**A:** When consumers decline to offer or are unable to provide information, the following options should be considered:

- **Option 1:** If the consumer is unwilling to give their last name, use "Anonymous" as the last name and collect as much required information as the consumer will offer. Use the first name if you can. The software requires that a last name be entered. However, the software does not "require" the last four digits of the social security number to create a unique client identification number.
- **Option 2:** If the consumer is willing to give their name but does not know their birth date or have a social security number (as is the case for some non-US citizens/immigrants), have them estimate their birth date and use the last 4 digits of their alien registration number on their alien registration card. Finish the consumer record with the remaining required information.
- **Option 3:** If the consumer declines to offer their social security number or birth date, allow the system to automatically assign a unique client identification number. Remember, consumers do not have to provide information about themselves, beyond verification of eligibility, in order to receive services funded with Older Americans Act dollars. Even then, common sense should rule. For example, if a non-US citizen/immigrant does not know their exact birth date, yet is obviously over 60, they should be considered eligible.

**37. Q: Are providers allowed an extended time to enter consumer data into WellSky?**

**A:** Providers should continue to follow data entry requirements timeframes. During the period of the Emergency Order, nutrition service providers are allowed additional time to collect NAPIS information that was not collected within the abbreviated assessment used to quickly transfer congregate meal consumers to home-delivered meal consumers. All NAPIS reporting requirements must be input within 90 days after ODA removes emergency management guidelines. Providers of other OAA services should continue to enter NAPIS data as normal.

**38. Q: Can caregiver assessments be done over the phone or other virtual format?**

**A:** For caregivers receiving caregiver support services through the National Family Caregiver Support Program (NFCSP), assessments may be completed over the phone or through other virtual format, video conference call. In-person assessment can be rescheduled later, if needed.

## AREA AGENCY ON AGING (AAA) QUESTIONS

### 39. Can AAAs transfer funds to increase home-delivered meals?

**A:** AAAs may transfer Title III B (supportive services) funds to provide nutrition services, including home-delivered meals. If planning to use Title III B funds for this service, AAAs must continue to allocate a minimum of five percent of Title III B funds for priority services, that include access services, in-home services, and legal services. AAAs may request a waiver for Title III B priority service funds, if necessary. AAAs may transfer up to 30 percent in between program under parts B and C.

Additionally, AAAs may transfer up to 50% in between programs under C1 (congregate meal) and C2 (home-delivered meal). AAAs should complete and submit an area plan budget transfer request form to ODA to transfer any Title III funds.

Ohio received *Major Disaster Declaration* under the Stafford Act on March 31, 2020. Under this Act, all OAA Title III funds (B, C-1, C-2, D, and E) provided for Program Year 2020 can be transferred across Titles to be used for disaster relief. ODA **does** require a submission of transfer requests for OAA Title III funds. Transfer Requests forms will need to be completed and submitted as usual – first request due no later than April 27; second request due no later than June 27 and the final request due no later than July 27, 2020.

Guidelines under the *COVID-19 Families First Coronavirus Response Act*, do not require disaster relief meals and meals purchased with supplemental funding to meet Dietary Reference Intakes (DRIs). However, ACL and ODA encourage the use of DRIs/Dietary Guidelines for Americans (DGAs) to maintain health and manage chronic disease and should only be waived in cases of food supply issues. It is encouraged that meals still meet 1/3 (33%) caloric requirements for older adults.

Waiver of DRIs/DGAs only applies to Families First Coronavirus Response Act, CARES Act, and OAA Title III-B emergency assistance funds. Meals purchased not meeting the DRIs/DGAs requirements are not NSIP-eligible meals.

AAAs are required to continue maintaining appropriate records and documentation to support the charges against the Federal awards. ACL will be releasing additional information shortly on programmatic reporting requirements, therefore additional guidance will be provided by ODA at that time.

For full details about use of these funds (FFCRA/CARES Act/OAA Title III under Major Disaster Declaration) and WellSky A&D reporting, please review the *OAA Families First, CARES Act, Major Disaster Declaration, Guidelines during Pandemic* issued on Friday, April 3, 2020.

### ~~40. Q: We already transferred the maximum from Title III C1 (congregate meal) to Title III C2 (home-delivered meal)/Title III B (supportive services) to Title III C (nutrition services). Will ODA advocate ACL to remove this transfer cap? Please refer to question 39.~~

**A:** In response to the public health emergency presented by COVID-19, State Units on Aging (SUAs) have been provided presumptive approval of a waiver for an **additional 10% transfer above the permitted 40%** between the FFY2020 Title III C-1 Congregate Meal program and Title III C-2 Home-Delivered Meal program under Section 308(b)(4)(B). As of 3/23/2020, AAAs are permitted to transfer up to 50% in between programs under C1 and C2.

**41. Q: When using Title III-B funds to provide meals, are we required to use the unit rates currently under contract? Can we set a region-wide unit rate and execute a separate contract from those meals that fall under the exemption from USDA for the DRI requirement?**

**A:** New rates and new contracts for non-NSIP eligible meals would be appropriate. Use the service category “cash/material aid” for these services. This service category is used to arrange and provide assistance to participants in the form of commodities, surplus food distribution, emergency cash assistance, and vouchers. The service unit of measure is equal to one “assistance”.

~~**42. Q: Can the Stafford Act be implemented to provide more flexibility with use of funds. Please refer to question 39.**~~

~~**A:** On Friday, March 13, 2020, the President declared that the ongoing pandemic is of sufficient severity and magnitude to warrant an emergency determination under section 501(b) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5121-5207 (the “Stafford Act”), and that the emergency exists nationwide.~~

~~In addition, requests for a declaration of a “major disaster” as set forth in section 401(a) of the Stafford Act may be appropriate and encouraged Governors and Tribal Leaders to consider requesting such a declaration.~~

~~If a declaration request is approved, the state would be permitted to use any portion of the funds made available under any and all sections of the Act for disaster relief for older adults. In this regard, flexibility is provided for states to use existing allocations already made to them under Title III B, C 1, C 2, D, and E for disaster relief. This means that a state may use Title III B, C 1, C 2, D, and/or E funds for any disaster relief activities for older individuals or family caregivers served under the Older Americans Act.~~

~~Ohio Governor Mike DeWine has submitted a request of Major Disaster Declaration. We are awaiting notice of declaration approval.~~

**43. Q: How will the Families First Coronavirus Response Act affect our funding for nutrition services?**

**A:** On Monday, March 23, 2020, ODA received the Families First Coronavirus Response Act (FFCRA), Older Americans Act Title III notice of award from the U.S. Administration of Community Living (ACL). This notice of award included funding for both congregate and home-delivered meals. Ohio received a total of \$8.8 million. ODA will use the funding formula to distribute funds to AAAs. AAAs will receive notice of grant awards soon

Notice of Grant Awards were published on April 2, 2020 via Notice 0420497. ODA allocated the full award to AAAs. Area Agencies are required to utilize their funding formulas to allocate funding to their Planning and Service Area (Policy 202.00). AAAs should prioritize these funds to those most vulnerable consumers at the highest risk for malnutrition and hunger. AAAs are encouraged to use the Disaster Priority Levels established in WellSky for consumers to target highest need. Please use resources such as the [Center for Disease Control's Social Vulnerability Index](#) to assist in your analysis to fund areas with projected high needs. AAAs may use this funding to address waiting lists, expand the number of people receiving home delivered meals, and provide additional meals per day or week.

For ease of reporting during the COVID-19 crisis, AAAs should plan to suspend the use of Title III OAA funding and spend their supplemental funding from FFCRA in its entirety first. This legislation was issued under separate grant award numbers and therefore funds will need to be accounted for separately. The fund identifier, “COVID Families First Coronavirus Reponses Act” has been added to WellSky.

Guidelines under the *COVID-19 Families First Coronavirus Response Act*, do not require disaster relief meals and meals purchased with supplemental funding to meet Dietary Reference Intakes (DRIs). However, ACL and ODA encourage the use of DRIs/Dietary Guidelines for Americans (DGAs) to maintain health and manage chronic disease and should only be waived in cases of food supply issues. It is encouraged that meals still meet 1/3 (33%) caloric requirements for older adults.

Waiver of DRIs/DGAs only applies to Families First Coronavirus Response Act, CARES Act, and OAA Title III-B emergency assistance funds. Meals purchased not meeting the DRIs/DGAs requirements are not NSIP-eligible meals.

For full details about use of these funds (FFCRA/CARES Act/OAA Title III under Major Disaster Declaration) and WellSky A&D reporting, please review the *OAA Families, First, Major Disaster Declaration, CARES Act Guidelines during Pandemic* on issued Friday, April 3, 2020.

**44. Q: What other funding can be used to provide nutrition services to consumers?**

**A:** In addition to Title III-C (nutrition services) funding, AAAs and nutrition service providers may explore other funding sources, including Title III-B, Nutrition Services Incentive Program (NSIP), Senior Community Service (SCS), and/or local senior levies, if available.

**45. Q: Are competitive bidding requirements removed for procurement of OAA services?**

**A:** Following Ohio Governor DeWine's Executive Order 2020-01D, to suspend purchasing and contracting requirements, competitive bidding requirements have been deferred for purposes related to enabling emergency delivery of services. AAAs may add additional OAA-funded services, including home-delivered meals and personal care services, to existing OAA provider service contracts without the need to re-bid. For normal, routine service delivery, competitive bidding requirements remain.

**46. Q: If needed, can AAAs contract with Medicaid Waiver Providers to provide OAA services?**

**A:** AAAs may contract Medicaid Waiver Providers for OAA services. Interested AAAs should reach out to ODA contacts ([ADavis@age.ohio.gov](mailto:ADavis@age.ohio.gov) and [DFagan@age.ohio.gov](mailto:DFagan@age.ohio.gov)) to discuss this in more depth. ODA will provide guidance related to the contract, as well as service reporting requirements.

**47. Q: As more service providers begin to limit services, can AAA staff function as "volunteers" and help distribute/deliver meals to consumers?**

**A:** OAA Ohio Administrative Rules does not prohibit AAA staff from volunteering to help distribute/deliver meals. ODA encourages creative solutions during this time of need.

**48. Q: Should we be directing providers to offer the following services: chores services, home maintenance, transportation (non-medical), and other supportive services?**

**A:** ODA recommends that service providers continue to prioritize essential services, including meals, personal care, and adult day services. Other non-essential services, including chore, home maintenance, and transportation (non-medical) should be consider non-priority until the Emergency Order has been removed.

**49. Q: Do we have permission to provide two-week supply of incontinent supplies where appropriate for OAA consumers?**

**A:** Cash and material aid are allowable under OAA Title III-B. This includes arranging for and providing assistance to participants in the form of commodities, surplus food distribution, emergency cash assistance and vouchers. This service should be entered in WellSky as emergency assistance.

If planning to use Title III-B (supportive services) funds for this service, AAAs must continue to allocate a minimum of five percent of Title III-B funds for priority services, that include Access Services, In-Home Services, and Legal Services.

**50. Q: Has the COVID-19 pandemic place SFMNP funds on hold?**

~~**A:** We have not received any communication from USDA regarding adjustments to SFMNP 2020 operations. Notice of grants awards have been signed off by the ODA executive team and will be delivered to AAAs shortly.~~

Notice of Grant Awards (NGAs) for USDA funded SFMNP have been distributed to AAAs. In addition, NGAs in support of the State (GRF) SFMNP for **traditional SFMNP** are forthcoming. With ODA's continually evolving COVID-19 response, funds allocated for the implementation of **non-traditional** pilot projects (*Producing Healthy Seniors*) **are not being released at this time**. ODA's intention is to provide agencies with additional funds to support SFMNP projects, but the release date and fund amounts have not yet been determined. Due to the COVID-19 situation, ODA will provide guidance on alternative SFMNP models for implementation to meet the needs of low-income older adults and support the local economy while keeping safety and health concerns a top priority.

At this time, SFMNP 2020 will continue normal operations. ODA is currently reviewing alternative methods of participant application, such as web-based and/or telephone applications and benefit distribution, including direct mailings. In addition, ODA is researching alternative program designs, including Community Supported Agriculture (CSA) models and bulk purchasing opportunities. ODA has connected with federal and state partners for SFMNP 2020 guidance as it relates to COVID-19. ~~Information and additional guidance will be shared with AAAs as it becomes available.~~

ODA will facilitate a COVID-19: Ohio SFMNP webinar for AAA SFMNP staff on Wednesday, April 8, 2020 from 1:00 pm to 2:00 pm. AAAs are encouraged to participate and may register here: [COVID-19: Ohio SFMNP](#).

**51. Q: Can AAAs use State GRF dollars allocated for *Producing Healthy Seniors* (non-traditional SFMNP) to purchase and distribute food during this emergency?**

~~**A:** AAAs may submit written requests to amend *Producing Healthy Seniors* project plans to utilize funds for food distribution for older adults in needs. Funds should be used to provide fresh produce to low income older adults.~~ With ODA's continually evolving COVID-19 response, funds allocated for the implementation of non-traditional pilot projects (*Producing Healthy Seniors*) are not being released at this time. ODA's intention is to provide agencies with additional funds to support SFMNP projects, but the release date and fund amounts have not yet been determined. Additional guidance will be forthcoming.



**52. Q: Should we stop accepting SFMNP 2020 participant applications?**

**A:** AAAs and/or SFMNP-contracted partners are encouraged to maintain normal SFMNP operations. Participant applications may be accepted thru the mail or online. ODA will continue to monitor the COVID-19 situation and will provide additional guidance ~~if it impacts~~ **about** SFMNP 2020, including applicant enrollment and coupon distribution. ODA discourages planning mass distribution of applicants and coupons currently. Alternative plans should be made to limit mass gatherings. AAAs and/or SFMNP-contracted partners should continue planning for SFMNP 2020. Individual questions or concerns may be sent to [CClutter@age.ohio.gov](mailto:CClutter@age.ohio.gov).

ODA will facilitate a COVID-19: Ohio SFMNP webinar for AAA SFMNP staff on Wednesday, April 8, 2020 from 1:00 pm to 2:00 pm. AAAs are encouraged to participate and may register here: [COVID-19: Ohio SFMNP](#).

**53. Q: Should we cancel SFMNP farmer/market manager training?**

**A:** The agency must ensure that training is conducted prior to the startup of the first SFMNP participation of an individual farmer/market manager. The training must be **interactive** and may be delivered in a variety of methods, including telephone and video conferencing and web-based training modules. Interactive training does not need to be delivered in-person. Individual questions or concerns may be sent to [CClutter@age.ohio.gov](mailto:CClutter@age.ohio.gov).

## REFERENCES

Administration on Community Living. [ACL COVID-19](#).

Administration on Community Living. [FAQs Related to Evidence-Based Health Promotion, Disease Prevention Programs](#) (March 12, 2020).

Administration on Community Living. [Older Americans Disaster Relief](#) (March 16, 2020).

National Council on Aging. [Health Promotion Program Guidance During COVID-19](#) (March 27, 2020).

The National Resource Center on Nutrition and Aging. [Frequently Asked Emergency Management Questions for Aging Services Professionals at the State and Local Levels](#).

The National Resource Center on Nutrition and Aging. *Nutrition Services Frequently Asked Emergency Management Questions – Updated to Address Issues Related to COVID-19*. (March 12, 2020).