



Older Americans Act - Services
Frequently Asked Questions

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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.

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

GENERAL INFORMATION FREQUENTLY ASKED 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 a staff or agency member displays symptoms of COVID-19, 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 \(ODA\)](#)
- [National Council on Aging \(NCOA\)](#)

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](#).

4. 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.

5. 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. For more details, please review to the document, *OAA Title III-D Evidence-Based Disease Prevention and Health Promotion Programs: Guidelines during Pandemic*.

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:

- [ADvancing States: Addressing Social Isolation for Older Adults During the COVID-19 Crisis](#)
- [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](#)

In addition, you may also find the following ODA social engagement resources helpful:

- [Social Engagement Tips: Older Adults](#)
- [Social Engagement Tips: Families & Caregivers](#)
- [Social Engagement Tips: Help Your Community](#)

TITLE III-B: SUPPORTIVE SERVICES FREQUENTLY ASKED QUESTIONS

6. Q: Do we have permission to provide personal care items, including a 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 vouches. This would also include purchase of personal care supplies, including toilet paper, soap, toothpaste, etc. This service should be entered in WellSky as “Emergency Services.”

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.

7. 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.

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 vouches. This would also include purchase of food/groceries. This service should be entered in WellSky as “Emergency Services.” Other funds, including Senior Community Service, local levy, and/or private donations may also 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.

8. 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.

9. Q: Can providers use Title III funds to make food boxes?

A: Yes, Title III-B (supportive services) funds can be used for this service. 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 vouches. This would also include purchase of food for assembled food boxes. This service should be entered in WellSky as “Emergency Services.” Other funds, including Senior Community Service, local levy, and/or private donations may also be used.

10. Q: Do bags or boxes of groceries count as a “meal”?

A: No, bags or boxes of groceries do not count as a meal. ODA is encouraging AAAs and local nutrition service providers to assemble bags or boxes of preselected nutritious foods that would contribute to a healthy diet and the management of chronic disease such as slower sodium canned meats, fish, soups, stews, sauces, vegetables or vegetable juices or fruits canned in their own juices or light syrup or whole grain crackers, pasta or rice. It's encouraged to include an example of a week's menu from the bag of pre-selected groceries that would provide nutritionally adequate, safe, and appetizing meals with minimum preparation. It is important to consider that the food item packaging should be easy to open and that the foods should be easy to prepare. Many current home-delivered participants have multiple functional impairments, which might include limited ability to prepare food as well as limited safe storage. Policies, procedures, guidance and technical assistance need to address these concerns as well.

Title III-B (supportive services) funds can be used for this service. 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 would also include purchase of food for assembled food boxes. This service should be entered in WellSky as “Emergency Services.” Other funds, including Senior Community Service, local levy, and/or private donations may also be used.

TITLE III-C1: CONGREGATE NUTRITION SERVICES FREQUENTLY ASKED QUESTIONS

11. 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.

12. 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. The following questions from the *NAPIS Client Registration Form* and the *Nutrition Risk Assessment* align with eligibility assessment above:

- a. *Are you not always physically able to shop, cook and/or feed yourself? (or get someone to help you).*
- b. *During the past 7 days, and considering all episodes, how would you rate the client's ability to perform meal preparation?*

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.

13. 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.

14. 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.

15. 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.

16. 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.

TITLE III-C2: HOME DELIVERED NUTRITION SERVICES FREQUENTLY ASKED QUESTIONS

17. 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.

18. 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.

19. 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.

20. 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.

21. 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.

22. Q: Can a home delivered meal provider provide a meal to a consumer's caregiver or spouse, even if the caregiver or spouse is under 60 years of age?

A: yes, the spouse (caregiver) or another caregiver are eligible to receive a home delivered meal. In accordance with [Ohio Administrative Code \(OAC\) 173-4-02](#), meals delivered to a residence are eligible for payment with Older American Act (OAA) funds if they meet the requirement for meals and if the recipient is one of the following:

1. A consumer who is sixty years of age or older and meets the following requirements: unable to prepare his or her own meals, unable to consume meals at a congregate dining location due to physical or emotional difficulties and lacking another meal support service in the home or community;
2. The spouse of the consumer;
3. A volunteer who provides volunteer services to the consumer; or
4. A person with disabilities who resides in the home of the consumer.

In addition, under the National Family Caregiver Support Program (NFCSP), 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 if it would assist the grandparent.

23. 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.

24. 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.

25. 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.

26. 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.

**NUTRITION SERVICES INCENTIVE PROGRAM (NSIP)
FREQUENTLY ASKED QUESTIONS**

27. Q: Can emergency meals, such as shelf-stable meals meet the nutrition requirements for NSIP?

A: If the shelf-stable meal meets nutrition requirements, the meal meets the requirements of NSIP. In accordance with [Ohio Administrative Code \(OAC\) 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.

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

A: 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.

29. 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.

OTHER NUTRITION SERVICES FREQUENTLY ASKED QUESTIONS

30. 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.

31. 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.

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

A: 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. 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.

33. Q: Where can we find examples of innovations from other states?

A: The following resources may help you identify examples of innovations from other states:

- [National Resource Center on Nutrition and Aging](#). Consider joining the listserv for frequent NRCNA updates and state-to-state sharing.
- [Administration for Community Living \(ACL\): COVID-19](#). Consider reviewing state-by-state links to review information and instructions published by other states.

TITLE III-D: EVIDENCE-BASED DISEASE PREVENTION AND HEALTH PROMOTION PROGRAMS FREQUENTLY ASKED QUESTIONS

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

A: 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.

For more details, please review the document, [*OAA Title III-D Evidence-Based Disease Prevention and Health Promotion Programs: Guidelines during Pandemic*](#)

TITLE III-E: NATIONAL FAMILY CAREGIVER SUPPORT PROGRAM (NFCSP) FREQUENTLY ASKED QUESTIONS

35. 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.

36. 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](#)

37. Q: If we serve meals to children in the Kinship Navigator program, what directives should we following regarding children nutrition requirements? How do we track these services in WellSky?

A: The child meal can be the same as the adult meal. 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.

Within WellSky, the caregiver record must be associated with the care recipient record. Service delivery is reported in the caregiver record only. Enter the service in the grandparent/caregiver's record and select delivery type "to care recipient".

- If the caregiver only has **one care recipient**, then that care recipient will automatically show in the "care recipient" field.
- If the caregiver has **more than one care recipient**, use the drop-down menu to select the care recipient that shares the service being delivered.
- If **no care recipient names appear** in the field, you will need to associate the care recipient record with this caregiver record for this field to populate.

Provided meals should be identified as "FCSP Home-Delivered Meals" and should follow Title III rates. Refer to the *Ohio's Reporting Guide* for more detail.

38. Q: If a grandparent is on the PASSPORT Medicaid Waiver Program, can a care recipient receive a meal with CARES Act funds?

A: The grandparent would need to be an OAA consumer served under the National Family Caregiver Support Program (NFCSP).

39. Q: Can Alzheimer's Respite funds be used to provide services to older adults with dementia and their caregivers?

A: During the pandemic, AAAs may submit a written request to expand services outside the prescribed ODA Service Taxonomy (*Policy 316.00*) utilizing Alzheimer's Respite funds. Within the request, AAAs must include:

- A brief summary of the proposed services provided with Alzheimer's Respite funds;
- A brief explanation of the need for these services; and
- Duration of the request.

ODA will evaluate each request and make a decision accordingly.

40. Q: Can unspent Alzheimer's Respite funds as of June 30, 2020 be carried over to the next SFY?

A: Unspent Alzheimer's Respite funds may not be carried over to the next SFY.

For more details, please review the document [OAA Title III-E National Family Caregiver Support Program and Alzheimer's Respite Guidelines during Pandemic.](#)

WELLSKY AGING & DISABILITY – REPORTING REQUIREMENTS FREQUENTLY ASKED QUESTIONS

41. 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.

42. 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.

43. 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.

44. Q: How should we report home delivered meals provided to caregivers supported through Title III-E: National Family Caregiver Support Program funds?

A: Meals provided to these caregivers are allowable and should be reported as: FCSP Home Delivered Meals. In addition, the AAA and/or service provide should ensure the caregiver record is associated with the care recipient record. The service delivery is reported in the caregiver record only. For more information, please refer to *Ohio's Reporting Guide*.

SERVICE PROVIDERS FREQUENTLY ASKED QUESTIONS

45. 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.).

46. 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.

47. 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.

48. Q: Can we serve people of any age in a public housing or high-rise facility?

A: The Older Americans Act (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.

Also, under the National Family Caregiver Support Program (NFCSP), 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 grandchildren being raised by a grandparent could be served a meal if it would assist the grandparent.

49. Q: If needed, can AAAs contract with a private business for meal 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. [42 U.S.C. 3030c](#) permits grantees of OAA funds to enter into agreements with "profitmaking organizations." AAAs should follow their agency protocols for securing contractual agreements with vendors.

50. 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) to discuss this in more depth. ODA will provide guidance related to the contract, as well as service reporting requirements.

51. 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.

52. 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.

53. Q: As of April 9, 2020, all structural compliance reviews to be conducted by PASSPORT Administrative Agencies of PASSPORT providers were suspended until further notice per ODA notice. Does this apply to the annual reviews required of Title III Providers?

A: ODA policy requires an Area Agency on Aging (AAA) to conduct on-site monitoring annually of its Title III providers. During this pandemic ODA has enacted a policy variance of Policy 105-SVC-04. The AAA may place on hold any on-site monitoring visits that were scheduled to occur from the declared state of emergency on March 9, 2020 through the one hundred and twenty day (120) effective period of the policy variance.

Prior to the expiration of the one hundred and twenty (120) day period, extension of this policy variance will be evaluated for continuation. Upon expiration of this policy variance and any subsequent approved extension(s), the AAA shall resume scheduling on-site monitoring visits. The monitoring visits that did not occur during the period of this policy variance and any subsequent policy variances shall be the first to be scheduled and then all annual monitoring visits shall be moved forward by the total number of days this policy variance(s) is in effect. For example: A provider’s annual monitoring visit was scheduled to occur September 15, 2020. The policy variance was in place for one hundred and twenty (120) days. As a result, the monitoring visit is moved from September 15, 2020 to January 13, 2021.

FISCAL FREQUENTLY ASKED QUESTIONS

For more details, please review the document [Families First Coronavirus Response Act, CARES Act, and Major Disaster Declaration Guidance during Pandemic](#)

54. 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”.

55. Q: Are we required to use the funding formula to allocate Families First Coronavirus Response Act (FFCRA) funds?

A: In accordance with ODA Policy 108-FIS-14 (*formerly 202.00*), AAAs are required to utilize funding formulas to allocate funding to their Planning and Service Area (PSA). The funding formula is used to support those in greatest economic and social need, with attention to low-income minority individuals.

After funds are appropriately allocated across the PSA, AAAs should prioritize those funds to the most vulnerable consumers at highest risk. AAAs are encouraged to use the Disaster Priority Levels established in WellSky to target consumers with 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.

56. Q: What are the requirements for collecting voluntary contributions?

A: The Older Americans Act (OAA) does not allow cost-sharing for nutrition services, but allows voluntary, noncoercive contributions from older adults. The OAA does not allow ACL to waive this provision. The AAA/local meal provider are responsible to determine how best to implement this requirement during the pandemic.

Some common methods for collecting contributions, include:

- Informing participants of the opportunity to contribute;
- Using a locked box at Grab-and-Go locations, at curbside serves, or on home delivered meal routes;
- Providing envelopes so older adults may send their contributions via check through the mail.

57. Q: How is Program Income affected with the additional funding?

A: Program income rules still apply and per 45CFR75, program income must be expended prior to drawing additional federal funds. Additionally, FFCRA, the CARES Act, and the regular Title III funding should be accounted for and reported separately, which includes program income. Program income must be reported on financial reports under the grant award number in which funds were expended for the service. i.e. Title III E funds are paying for home delivered meals which would typically be paid out of C-2, the program income should still be reported under Title III E and not C-2.

58. Q: If the major disaster declaration ends, are Families First Coronavirus Response Act (FFCRA) and CARES Act funding no longer available?

A: Funds were appropriated to remain available until September 30, 2021, to prevent, prepare for, and respond to Coronavirus. It would be prudent to assume that even after the major disaster or public health emergency has concluded there will still be expenses related to the coronavirus response, such as stocking congregate meal kitchens that were suddenly closed, starting back up transportation for older adults, etc.

59. Q: Initially, we used Title III-B funds to support home delivered meals for prior congregate meal consumers. Now that we have received the Families First Coronavirus Response Act Funds, should we transition to using Title III-C2 funds for these consumers?

A: Yes. It is recommended that priority funding be Families First Coronavirus Response Act (FFCRA) funding for meal services. It is the Agency's discretion to use Title III-B or Title III-C2 (FFCRA) funds to support home delivered meals. With anticipation of additional funding through the CARES Act (Titles III-B, C, and E), in this scenario, ODA recommends using FFCRA funds. Title III-B funds can then be preserved for necessary supportive services.

60. 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.

61. 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.

With additional funding received (FFCRA/CARES Act), AAAs can modify existing service provider contracts in WellSky with the additional fund identifiers. New contracts are not required to be entered within WellSky for FFCRA/CARES Act funds.

62. Q: Are we required to use the funding formula to allocate Alzheimer's Respite funds or can we allocate these funds in the counties of highest need? If one county has unspent funds, can we allocate these unspent funds to support needs of another county?

A: Section (1)(B) of Alzheimer's Respite Grant Agreement and section (A)(2) of the Alzheimer's Respite Policy (ODA Policy 109-SPP-09, *formerly 316.00*) requires AAAs to distribute the money to the Alzheimer's Association Chapter covering each county utilizing the AAA's approved OAA Title III funding formula. AAAs shall return any funds advanced greater than the actual expense.

AAAs may allocate an additional portion of Alzheimer's Respite site service funds towards Alzheimer's Core services provided by the local Alzheimer's Association Chapters.

63. Q: What funding source (Title III-B or III-E) can be used to pay primary caregivers for time spent providing care?

A: An agency may provide for a program that allows for payment to family members, including a primary caregiver, for providing personal care, homemaker, and other services to eligible older adults with Title III-B funding. An agency may provide for a program that allows for payment to family members, including a primary caregiver, for providing respite or supplemental services to eligible family caregivers with Title III-E funding. ACL and ODA recognize there may be multiple caregivers supporting older adults or adults of any age with early-onset dementia, as well as grandparents and other older relatives caring for children or caring for adults ages 18-59 with disabilities. Therefore, when using Title III-E funding to provide payment to a primary caregiver, one or more of these other caregivers may be served as the client.

REFERENCES & RESOURCES

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

Administration on Community Living. [Additional FAQ about OAA Nutrition Program Implementation during the COVID Pandemic](#) (April 17, 2020).

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).

Administration on Community Living. [Title III-B and Title III-E FAQs](#) (April 23, 2020).

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

The National Resource Center on Nutrition and Aging. [Contracting Tips for Purchasing Meals/Food During COVID-19](#). (April 20, 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 Requirements: DRIs/DGAs Under Supplemental Funding Due to COVID-19 Emergency](#). (April 3, 2020).

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).

The National Resource Center on Nutrition and Aging. [Step-by-Step Guide for Senior Nutrition Programs Seeking to Work with Food Retailers during the COVID-19 Public Health Emergency](#). (April 17, 2020).