



# **AES Area Agencies on Aging COVID-19**

## **Frequently Asked Questions**

**Updated April 3, 2020**

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- 1. AAAs have asked for approval to implement the flexibility of the Home Delivered Meals Pilot Project, and others have inquired if the start of the Home Delivered Meals Pilot Project will be delayed. What is the status of the pilot?**

**Are there any other waivers for HHSC requirements? Is there a specific date these waivers are effective (New 3/31/20)?**

The Home Delivered Meals 2020 Pilot will be delayed until further notice by AES. All requirements related to the Pilot including entering home delivered meals (HDM) by sub-service (effective February 3, 2020) and using the Determination of Type of Meal (scheduled to become effective April 1, 2020) are also delayed.

**Updated 3/31/20:** Statewide waivers for Older Americans Act (OAA) HDM programs are effective **March 13, 2020 and will continue through April 30, 2020:**

- HDMs may be delivered at any time of day that is convenient for the provider and the consumer.
- Meal providers may deliver hot, chilled, frozen, shelf-stable or a combination without requesting HHSC approval.
- Multiple meals may be delivered at one time.
- Socialization contacts may be made via telephone, email or text messages to help address social isolation that may be experienced by homebound people.
- An individual may opt out of socialization contacts but the election to opt out of socialization contacts must be documented in the person's file.

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- The CNE for HDMs are not required for people moved from the congregate meal program to the HDM program.
  - CNEs for HDMs are not required for people who are new to the HDM program during the waiver period. The CNE must be completed within one year from the original intake date for people who remain in the HDM program.
  - Nutrition Risk Assessments are not required for people who are new to the congregate and HDM programs. These must be completed within one year from the original intake date for people who remain in either program.
  - Meal providers may deliver meals at least once every two weeks to address the potential for the loss of volunteers and to reduce contact with people receiving meals, instead of at least weekly.

Providers are encouraged to remain in contact with people who receive a delivery of meals once every two weeks to address the potential impact of social isolation.

- Providers must notify HHSC if the provider must serve fewer than five meals a week by contacting the Help Desk.
- Volunteers are not required to complete one hour of training. Volunteers must be provided written information about confidentiality, handling meals safely and personal hygiene. Handling meals safely includes not leaving a meal unattended and delivering a hot meal within four hours from the time it leaves temperature control. Personal hygiene should include CDC guidance for COVID-19. A provider could have volunteers sign off and date on one acknowledgement roster indicating the volunteer has read and understands the policy.

**Updated 3/31/20:** On March 25, 2020 the President approved a Major Disaster declaration for Texas which will allow maximum flexibility in the expenditure of OAA funds for disaster services. AAAs will be permitted to expend funds for disaster services without regard to the OAA title under which funds are appropriated. Additional guidance to AAAs will be provided.

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**2. Will disaster funding be made available for meals or other services?**

**Updated 3/31/20: When should we expect the disaster funding and what, if any, are the limitations to using the Families First Coronavirus Response Act funds?**

**Updated 3/31/20: Federal Actions**

The Families First Coronavirus Response Act, signed into law by the President on March 18, 2020, provided more funding for OAA nutrition services. The Act waived the requirement for the 10% local match. These funds were distributed to AAAs on March 27, 2020, along with updated request for reimbursement and request for adjustment journal templates. These funds are available for both congregate and HDMs. The Texas Major Disaster declaration allows congregate or home delivered meals related to COVID-19 to be purchased from either category of funds. Meals do not have to meet the dietary requirements of the OAA and are not eligible for NSIP cash.

On March 25, 2020 the President approved a Major Disaster declaration for Texas which allows maximum flexibility in the expenditure of OAA funds for disaster services. AAAs can expend funds for disaster services without regard to the OAA title under which funds are appropriated. This applies to additional OAA funding provided through the Families First Coronavirus Response Act and the Coronavirus Aid, Relief, and Economic Security Act (CARES Act). People must still be eligible for OAA services and programs must still meet OAA requirements except as shown below.

The Coronavirus Aid, Relief, and Economic Security Act (CARES Act), signed into law by the President on March 27, 2020, provided more funding for nutrition, supportive and caregiver programs under the OAA. The Act waived the 10% local match for nutrition and supportive services and the 25% local match for caregiver services. The Act also allows the Assistant Secretary of the Administration for Community Living (ACL) to waive the dietary requirements for nutrition services and provides that an individual who is sheltering in place during the COVID-19 public health emergency is considered homebound.

Meals purchased with funds appropriated by the Family First and CARES Acts are not eligible for NSIP cash.

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People served must be eligible for services under the Title III program under which a service is provided regardless of the category of funds used to provide that service.

**3. Can we suspend home visits?**

The instructions for the Consumer Needs Evaluation (CNE) state the assessment may be completed face-to-face or by telephone for Day Activity and Health Services, Care Coordination, Respite Care, Chore Maintenance, HDMs, Homemaker, and Personal Assistance.

The instructions for the Nutrition Risk Assessment states the assessment can be completed by the recipient, during an interview or by telephone.

Current Access and Assistance rules for case management allow assessments to be conducted in person or by telephone.

**Updated 3/31/20:** The Determination of Type of Meal was a component of the Home Delivered Meals Pilot Project which is delayed until further notice from AES. The use of this assessment is not required at this time.

**4. There is a decrease in participation at the congregate meals site and restrictions by our nursing homes, so our performance projections may be impacted. Can we expect HHSC to review and make provisions regarding performance measures?**

HHSC has an established method to provide explanations when actual performance of key measures varies  $\pm 5$  or more percent from targeted performance. Explanations must describe the circumstances that cause the AAA's actual performance to deviate from its performance targets. HHSC is aware of the impact of COVID-19 on programs and will anticipate variances in performance.

**5. A local senior center requested coronavirus guidance relevant to senior center services. Do you have information that can be shared?**

We recommend that you follow the CDC guidance and the ACL Toolkit found at <https://acl.gov/COVID-19> as well as any specific guidance from your state and local health department. Local providers should follow CDC guidance as well as their state and local health department/emergency management guidance.

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**6. We have received a request from a congregate meals provider at an apartment complex to allow people to take their meals back to their apartment because of the COVID-19 virus. Is this allowed?**

**Updated 3/31/20:** Yes, however any meal not consumed at the congregate site must be reported as a C-2 meal.

The maximum flexibility in the use of OAA funds allowed under the Major Disaster declaration and the additional funds provided through the Families First Act and the CARES Act will help providers cover the costs for meals provided to people who attended the congregate site but now are receiving meals through a variety of different methods. Meals not consumed at the congregate site must be reported as a C-2 meal.

**7. In the wake of low attendance at the congregate setting, is it permissible to apply the home delivered rule of approved reimbursement for up to two missed meals?**

No. There is no provision for reimbursement for congregate meals prepared but not served.

**8. Should we be closing congregate sites for deep cleaning?**

We recommend that you follow the CDC guidance and the ACL Toolkit found at <https://acl.gov/COVID-19> as well as any specific guidance from your state and local health department. Local providers should follow CDC guidance as well as their state and local health department/emergency management guidance.

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

From ACL: The OAA does not address this issue. States and Tribes 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.

**10. When do providers count the emergency meals delivered to program participants?**

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From ACL: The OAA does not address this issue; however, it is recommended that the meal would be counted when it is delivered.

*In Texas, the meal should be counted when delivered.*

**11. If a congregate nutrition provider has an emergency and they use shelf-stable meals, can those meals be counted as Nutrition Services Incentive Program (NSIP) meals?**

**Updated 3/31/20:** Yes, if the meals are purchased with OAA Title III funds and meet the dietary requirements of the OAA.

Reminder: Meals purchased with Families First and CARES Act funds are not eligible for NSIP cash and do not have to meet the OAA dietary requirements. NSIP funds will be distributed to states for 2020 and 2021 based on 2019 meal counts submitted by states.

*To clarify, in Texas these are shelf-stable meals served and consumed at the congregate site.*

**12. If a nutrition provider wants to send a congregate meal home with a senior, can it be counted as an OAA Title III-C1 meal? Can we use NSIP funds instead of Title III-C2 for “grab and go” HDMs (New 3/31/20)?**

**Updated 3/31/20:** Meals not consumed at the congregate site must be reported as a C-2 meal.

NSIP funds can be budgeted and expended in either the congregate meals or home delivered meals category for providing meals meeting the OAA dietary requirements.

The maximum flexibility in the use of OAA funds allowed under the Major Disaster declaration and the additional funds provided through the Families First Act and the CARES Act will help providers cover the costs for meals provided to people who attended the congregate site but now are receiving meals through a variety of different methods. Meals not consumed at the congregate site must be reported as a C-2 meal.

Additional guidance to AAAs will be provided about reporting the meal and about reimbursement for the meal.

**13. Can shelf-stable or frozen meals that will be delivered to the home or “drive-thru” meals that are to be consumed in the home be paid for**

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**with C-1 funding? What flexibility is there to address the increased need for these meals? Will we be able to transfer more Title III-C1 funds to Title III-C2 than the 40% allowed by the OAA (New 3/31/20)?**

**Updated 3/31/20:** Meals not consumed at the congregate site must be reported as a C-2 meal.

The Major Disaster declaration allows disaster services related to COVID-19 to be purchased using any of the funds available through Titles III-B, C1, C2, D or E, including the funds available through the CARES Act. The funds available through Families First must be used for nutrition services, and 100% of those funds can be used for congregate meals or home delivered meals, or a combination. This and the use of OAA funds will help providers cover the costs for meals provided to people who attended the congregate site but are now receiving meals through a variety of different methods.

**14. Will ACL waive DRI nutrition requirements if AAAs use current supplies of emergency meals?**

From ACL: The existing statute does not give ACL the authority to waive the Dietary Reference Intakes (DRI) applicable to meals under Title III, Parts C1 or C2 or under NSIP.

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 DRI requirements under the provision in Part B, Section 321(a)(25) "any other services necessary for the general welfare of older individuals". Therefore, Part B may pay for meals that do or do not meet DRI requirements during this Public Health Emergency to ensure access to meals for seniors.

*In Texas, those meals may be reported under "Health Maintenance."*

**Updated 3/31/20:** ACL has waived the OAA nutrition requirements for meals purchased with Families First and CARES Act funds. Meals purchased with these funds are not eligible for NSIP cash.

Meals purchased with regular OAA funds must still meet the dietary requirements unless those meals are purchased under the category of Health Maintenance. Meals purchased under Health Maintenance are also not eligible for NSIP cash.

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- 15. Any suggestions for the following would be helpful concerning coronavirus: kitchen staff shortage, driver shortage, volunteer shortage, mandated quarantines, delivering to possible quarantined clients, and disruption to supply chains.**

From ACL: The network should already have emergency protocol and Continuity of Operations Plans (COOP) established. Many policies should address issues related to meal suspension (due to inclement weather, for example) that can be adapted in the event your community requires a quarantine. Shortages of staff may result in a local decision to offer other delivery options, such as pickup or drive through method, use of emergency staff for meal delivery, drop ship delivery method and stable meals at hospitals for pickup. ACL recommends the local network follow state and local health department/local emergency management communications for the best information and accurate instructions for your community.

- 16. What triggers protocols such as “deliverers hanging the food on doorknobs, knock, and then step back 6 feet and wait for the person to answer the door and remove the bag from the door handle?” Is there some kind of “now it’s at x level” announcement to indicate when we kick off strategies (and how to stop them), and what are those strategies?**

**Can delivery drivers leave meals on the porch rather than hand them directly to the client?**

From ACL: ACL recommends the local network follow CDC guidance as well as state and local health department/local emergency management communications for the best information and accurate instructions for your community.

*For Texas, the delivery person must not leave a meal on the doorstep or porch without being sure the person (or caregiver) has picked up the meal to take it into their home.*

- 17. Is anyone thinking of how to provide food to home-delivered and to congregate sites if the coronavirus affects a program’s ability to serve?**

From ACL: If your state or local health department/emergency management guidance recommends closure of congregate sites and creates your inability to serve meals, ACL encourages the triaging of consumers and the



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development of a plan to distribute an array of emergency meals as well as regular home-delivered meals.

**18. If we must shut down senior centers, what alternative ways of providing meals would be allowed? Could we provide “grab and go” meals or “drive-up” meals for clients to take home?**

From ACL: ACL encourages you to work with your local health department and/or emergency management (COOP) to determine the best way to provide meals to seniors.

Shelf-stable, frozen, grab and go, drive-up, and drive-through meals may be provided if program requirements are met. Additionally, NSIP funds may be used to pay for these meals if the meals are domestically produced and the program participants meet NSIP requirements.

**Updated 3/31/20:** The approved Major Disaster declaration for Texas allows maximum flexibility in the expenditure of OAA funds for disaster services. AAAs will be permitted to expend funds for disaster services, including nutrition services, without regard to the OAA title under which funds are appropriated. A meal must still be reported as either as a congregate meal or a home delivered meal, regardless of the funds used to pay for the meal. Additional guidance for reimbursement and reporting will be provided.

ACL has waived the OAA nutrition requirements for meals purchased with Families First and CARES Act funds. Meals purchased with regular OAA funds must still meet the dietary requirements unless those meals are purchased under the category of Health Maintenance. People served must be eligible for services under the Title III program under which a service is provided regardless of the category of funds used to provide that service.

**19. What do we do if our volunteer drivers are sick and unable to deliver? We have clients who cannot come to the door, so our drivers enter the home and hand the meal to a chair-bound or bed-bound senior.**

From ACL: It is important to have partnerships in the community that can help in these situations. These partnerships may include police or fire departments and other entities with the capability of entering homes and delivering meals from our network. We encourage closely working with your state and local health department as well as your local emergency management agency to review how you will handle such situations.

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*In Texas you may want to consider delivering meals once every two weeks. Texas is waiving the requirement to deliver HDMs at least once per week.*

- 20. What happens when I have kitchen staff, as well as drivers, decide that family is more important than work/volunteering and call off for a quarantine period? Not enough food production, not enough drivers. Shelf-stable meals will only last our average client two weeks (if they have not already opened or used them, as I know many clients do.)**

**What do we do if every program nationwide is trying to ramp up similar strategies, causing vendors and meal providers to have shortages? It will be no different than what is beginning to happen at grocery stores in some areas of the country.**

From ACL: The network should already have emergency protocol and Continuity of Operations Plans (COOP) established. Many policies should address for meal suspension (due to inclement weather, for example) that can be adapted in the event your community requires a quarantine. ACL recommends the local network follow state and local health department/local emergency management communications for the best information and accurate instructions for your community. In addition, partnerships throughout the community may be of assistance.

- 21. Should we continue to authorize in-home services at this point? Or at what point should we not process new requests for in-home services (personal assistance, respite, homemaker)? Should we suspend in-home services? We've been continuing to make referrals for homemaker, respite and allow the provider to make the determination whether to serve (New 3/31/20).**

Area Agencies on Aging should follow the guidelines of their emergency protocol and COOP. We encourage closely working with your state and local health department as well as your local emergency management agency to review how you will handle such situations.

- 22. New 3/31/20: If senior centers provide HDMs to congregate meal recipients, there will be no CNE for that person. Do these recipients have to meet the Title III-C2 requirements or is this waived during this event? Does the person still have to meet at least a score of 20 for the CNE?**

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HHSC is waiving the requirement to conduct a CNE assessment for congregate meal recipients who receive meals to be consumed at a location other than the meal site.

HHSC is also waiving the requirement to conduct a CNE assessment for people who are new to the HDM program through April 30, 2020. The CNE should be completed for new HDM program recipients by the one-year anniversary of the date of the recipient's intake date.

**23. New 3/31/20: ACL said on a conference call that Title III-C1 funds could be used if the state declares a Major Disaster. Has a Major Disaster for Texas been approved?**

Yes. On March 25, 2020 the President approved a Major Disaster declaration for Texas which will allow maximum flexibility in the expenditure of OAA funds for disaster services. AAAs will be permitted to expend funds for disaster services without regard to the OAA title under which funds are appropriated and no additional waiver, transfer or application to ACL is required. Additional guidance to AAAs about reimbursement and reporting of services will be provided.

Please keep in mind a service must be reported correctly. A meal that is not consumed at a congregate site must still be reported as a C2 meal, no matter what funds are used to pay for that meal.

Services, including meals, must still meet the requirements of the OAA. The exception is meals purchased using Families First and CARES Act funds do not have to meet the dietary guidelines of the OAA. Families First and CARES Act meals are not eligible for NSIP cash.

People served must be eligible for services under the Title III program under which a service is provided regardless of the category of funds used to provide that service.

The Family First Coronavirus Response Act provided additional OAA funding for Title III-C1 and Title III-C2 nutrition services. These funds can be used for either congregate or home delivered meals. AES distributed the NFAs to AAAs on Friday, March 27, 2020, along with revised request for reimbursement and request for adjustment journal templates.

**24. New 3/31/20: What about home visits for residential repair? Can we complete telephone assessments for that service as well? Or is a**

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**home visit required? Do we need to let people know the residential repair program is on hold?**

Residential repair requires an on-site assessment of repairs needed. It is recommended your AAA follow the CDC guidance as well as any specific guidance from your state and local health department and emergency management services related to in-home visits.

The AAA should analyze its budget for determining what services can be provided during and after the COVID-19 health emergency. The AAA may elect to complete an Intake for the person needing help and advise the person the services will be delayed until an in-home evaluation of the repair requested can be made.

- 25. New 3/31/20: Our county governments are not allowing groups larger than 10 people and this will affect our congregate meal sites. How do we continue to serve these seniors if we are not allowed to provide meals?**

The congregate meal provider may continue to provide services through "grab and go", "drive thru" or other methods. The meal provided in this manner must be counted as a HDM. The meal provider may also want to consider providing meals in shifts to limit participation to a maximum of 10 people at one time. The provider should follow CDC guidance as well as specific guidance from the state and local health department and emergency management services.

- 26. New 3/31/20: Will HHSC waive the rate setting negotiation process? Please consider waiving the rate setting and this requires appropriate planning.**

Yes, the rate setting process will be waived and all rates will be extended for federal fiscal year 2021.

- 27. New 3/31/20: If our congregate providers are going to a "drive-thru" model for meals, should we reimburse at the HDM rate or keep with their Congregate Meal rate? For "common" providers, if HDMs are now being provided instead of congregate meals, does the state-established flat rate of \$5.31 apply? If a "congregate only provider" chooses to start serving HDM to their congregate participants, how will this work since we do not have a HDM contract with them? If a client is receiving meals from a congregate provider to take home is**

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**the provider reimbursed at the congregate or HDM rate? Who will be reimbursed for meals, an HDM, a congregate meal provider or both?**

To ensure providers can continue to serve older Texans, AAAs will reimburse existing congregate meal providers their current C-1 rate for meals delivered using an alternative approach because of the COVID-19 emergency (for example: grab and go, take home, or delivered).

The \$5.31 flat rate is applicable to all “common” HDM providers – those providers that have entered into a contract with the AAA for Title III HDMs and a contract with the State for Title XX HDMs. “Common” HDM providers may have contracted with the AAA to provide both HDM and congregate meals.

All meals provided by a congregate meal provider will be reimbursed at their existing C-1 rate.

A AAA may reimburse a provider only if a service is provided to an eligible person, so the AAA may reimburse a home delivered provider, a congregate provider, or both.

**28. New 3/31/20: What program expectations are made for Evidence Based Intervention (EBI) classes?**

EBI classes should be cancelled based on CDC guidance on social distancing or may continue remotely if feasible for the specific program.

The National Council on Aging is compiling information about the national Title III-D list of approved evidence-based interventions. Remote implementation is feasible for some programs, but not all of them. Please visit the National Council on Aging, Center for Healthy Aging, website to find out if remote mechanisms will support program fidelity at:

<https://www.ncoa.org/uncategorized/frequently-asked-questions-covid-19-and-health-promotion-programs/>

**29. New 3/31/20: What about signatures on client rights and responsibilities that are due?**

The Client Rights and Responsibilities can be explained to a person verbally on the telephone and then mailed to the person. The AAA should document in the person's file the form was reviewed with the person over the telephone and the form was also mailed to the person. The signed form is not required

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to be returned to the AAA. The requirement to have a signed form on file is waived through April 30, 2020.

**30. New 3/31/20: Since meal sub service is not needed, do providers need to identify which of their meals are "disaster" meals on rosters?**

ACL guidance for the Texas declaration of a Major Disaster requires HHSC to identify units of service and people provided disaster services. Additional guidance to AAAs is under development.

**31. New 3/31/20: If a AAA has already budgeted the maximum of its funds and transferred Congregate Meals funds to HDM prior to the emergency, what are our options? We listened in on the townhall meeting yesterday regarding flexibility of meals, and it was stated "grab and go" HDMs can be charged to Title III-C1. ACL was on the call and they discussed flexibility and business being "not as usual".**

The approved Major Disaster declaration for Texas allows maximum flexibility in the expenditure of OAA funds for disaster services. AAAs will be permitted to expend funds for disaster services without regard to the OAA title under which funds are appropriated. Additional guidance to AAAs about reimbursement and reporting will be provided. The AAA will have the flexibility to use Title III-B, Title III-C1, Title III-C2, Title III-D, and Title III-E funds for emergency services.

People and their caregivers who receive emergency services must be eligible for assistance under the OAA. Emergency services can include activities such as providing:

- Drive through, take out, or home delivered meals;
- Well-being checks via telephone or virtual means;
- Homemaker, chore, grocery/pharmacy/supply delivery; or
- Income support to pay rent, utilities or groceries.

Even though services can be purchased with a variety of funds, the service should still be reported in the correct category per the Service Definitions.

**32. New 3/31/20: Subrecipients who are receiving Title III-B funding for Transportation and are now using the vehicles to deliver meals to the senior who usually use Transportation services and can't pick up their meals, how can they be reimbursed for these trips?**

The payment for a meal is intended to cover the cost of that service, including the transportation and delivery of the meal. A payment for the

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Transportation service can only be made for each one-way trip provided to an eligible person. The provider may want to consider having volunteers deliver the meals, and to the option to deliver multiple meals at one time.

**33. New 3/31/20: How will this impact data entry in Well sky and on the Quarterly Performance Report for Quarter 3?**

AES is developing guidance to share with AAAs for requesting funds, reporting units and preparing documents such as the Quarterly Performance Report. AES is seeking more guidance from ACL to ensure the AAAs and AES can correctly report all data required for the variety of funding being provided to Texas for the COVID-19 emergency.

**34. New 3/31/20: Is it still required that meal providers seek approval of a licensed dietician for menu changes during this time?**

All meals must meet the dietary guidelines of the OAA and menus must be approved by a dietitian unless the meals are purchased with Families First or CARES Act funds.

**35. New 3/31/20: Can AAAs request extensions for their Area Plan? Our local board meetings where the Area Plan is approved are being cancelled. Considering the drastic changes this virus has caused, is it possible to extend our current Area Plans one more year? Then we can incorporate approaches to this virus in Area Plans next year?**

The due date for Area Plans has been extended to April 30, 2020.

**36. New 3/31/20: I do not find clear CDC guidance on home visits. Can you point us to the appropriate data source?**

CDC guidance for provision of home visits can be found beginning on page 2 of the U.S. Department of Health and Human Services Memorandum at the following link: <https://www.cms.gov/files/document/qso-20-18-hha.pdf>

**37. New 3/31/20: What is the time frame for the waiver on completing a CNE for people who are new to the HDM program?**

The CNE must be completed by the one-year anniversary of the date of the intake for a new person, if that person remains in the program. A CNE is not needed for people who receive meals from a congregate site to be consumed at a different location or are sheltering at home due to COVID-19.

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- 38. New 3/31/20: If our county issues a declaration that everyone "self-quarantine" and meals can't be provided what is the state's guidance on this matter. In the event a provider has an employee who becomes ill and must close, does AES have any guidance? We understand the providers are required to have a backup plan, but we are asking if AES has had any consideration for this scenario. Our city and county have issued a work at home order. When we work remotely, what is the expectation of HHSC?**

AAAs and meal providers must adhere to local, state and national guidance related to the COVID-19 virus.

If local government issues a shelter in place or similar order and your position is deemed non-essential, please follow the order and your organization's procedures. If your AAA staff is working from home, please notify HHSC through the Help Desk and include alternate/secondary contact information as applicable.

More information about COVID-19 can be found from the Administration for Community Living at <https://acl.gov/COVID-19> or from the Centers for Disease Control at <https://www.cdc.gov>.

- 39. New 3/31/20: Is there any concern that HHSC staff will not be available to reimburse in the same timely manner as normal?**

Payments to providers is a priority in the HHSC COOP plan for the Office of Area Agencies on Aging. AES is ensuring there is adequate staff coverage available to continue processing reimbursements to AAAs in a timely manner.

- 40. New 3/31/20: Can AAAs use Title III-D funds to assist providers in conducting wellness checks for people receiving HDMs?**

Yes. The service must still be recorded as telephone reassurance or other appropriate service. Based on the approved Major Disaster declaration for Texas, AAAs will be permitted to expend funds for disaster services without regard to the OAA title under which funds are appropriated. Additional guidance to AAAs will be provided.

- 41. New 3/31/20: Is it allowable under the service definition for Caregiver Information Services to provide information services to caregivers virtually through Zoom or Facebook Live? Can mailouts and newsletters be mailed out for Caregiver Information Services?**



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Yes. AAAs are encouraged to seek alternate methods to provide Caregiver Information Services. AAAs must ensure compliance with requirements for reporting of units (one activity or event) and estimated audience count of informal caregivers.

Caregiver Information Services provides the public and individuals with information on resources and services available to the people within their communities. Service units are for activities directed to large audiences of current or potential caregivers such as disseminating publications, conducting media campaigns, and other similar activities. In reporting estimated audience, the AAA should estimate the number of current or potential caregivers reached by the event.

**42. New 3/31/20: Can we submit a budget amendment now to transfer Title III-C1 to Title III-C2 funds? Will the categorical transfer be based on the planning budget figures or the NFA's received?**

An amendment to the AP Budget is not required since budgets were developed using projected funding levels. The AAA may complete the requested transfer of Title III-C1 to Title III-C2 in the Request for Reimbursement and the Request for Adjustment Journal template.

HHSC will provide further guidance for using the Request for Reimbursement and the Request for Adjustment Journal based on the flexibility in the expenditure of funds allowed because of the Major Disaster declaration for Texas. HHSC will also advise AAAs when a working budget is needed.

**43. New 3/31/20: County commissioners are purchasing food from the foodbank to deliver to a 20-pound bag of food to seniors. Can we use Title III-B and if so, will it be categorized health maintenance?**

Due to restrictions regarding soliciting donations on USDA commodities and OAA requirements to solicit a voluntary donation for services, providers cannot be reimbursed for USDA foodbank commodities under III-B.

**44. New 3/31/20: Do we follow the COG's procurement procedures for contracting new services to help people during COVID-19?**

Yes, AAAs should follow their organization's contracting procedures for procurement of services during an emergency.

**45. New 3/31/20: Is it allowable to deliver food boxes through case management if our well check calls result in a request from the**

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**person? Have you discussed the possibility of AAAs purchasing food for people?**

The AAA can deliver food boxes through case management on a case-by-case basis. AAAs can also purchase groceries for clients under Income Support or coordinate with providers to see if the provider has the capacity to add a client to receive HDMs. AAAs may be able to access local grocery providers who deliver at a discounted or waived delivery fee. If the AAA purchases the groceries under Income Support and there is a delivery fee by the provider, the delivery fee can be included in the reimbursement to the provider. Faith-based organizations and community-based organizations may also have volunteers to deliver groceries.

Income Support is paid to a third-party provider for services and goods that support the basic needs of a person. Title III-B, Title III-E, Housing Bond, SGR and Disaster Relief as approved by HHSC can be used for this purpose.

Additionally, if a AAA or provider can develop a DRI compliant shelf-stable meal box, the AAA or provider can be reimbursed for these under HDMs.

**46. New 3/31/20: Can we add telephone reassurance to our planning budget to support the social contact for seniors? If we do Telephone Reassurance but do not have the service in our current Area Plan can we do so without an amendment?**

Yes. AAAs are encouraged to provide socialization to seniors through innovative methods such as telephone reassurance.

Due to the impact of COVID-19, AAAs can provide Telephone Reassurance service during FY2020 without amending their Area Plan and requesting prior approval. The Area Plan can be amended later in the year.

**47. New 3/31/20: Is there a way to move the Congregate participants as a group from Title III-C1 to Title III-C2? Should we move clients who are transferred from Title III-C1 to Title III-C2 to the HDM program in SPURS? Or just change the funding source?**

Yes, we can use the service remap feature to change those Congregate Meal service deliveries funded with Title III-C1 to Title III-C2 HDMs. The client record will need to be updated in SPURS to add HDMs as a new service for people who will be served meals from congregate providers to be consumed at home because of congregate meal site closures.

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Effective March 25, 2020, HDMs can be funded by Title III-B, Title III-C1, Title III-C2, Title III-D or Title III-E funds.

**48. New 3/31/20: Are we to plan for this situation for two months or the rest of the fiscal year?**

The estimated end date of COVID-19 health emergency is uncertain. AAAs should continue to follow disaster procedures and contingency plans while closely monitoring federal, state, and local updates on COVID-19. At this time the waiver for certain requirements related to programs is in effect through April 30, 2020.

**49. New 3/31/20: Can we get an extension on the HICAP application?**

The HICAP (SHIP) planning documents are due to AES on March 31, 2020. Since the notices of funds available for SHIP are going to be released soon, an extension on the planning documents. The Final Report template has also been distributed to AAAs and is due April 30, 2020. These were provided early to allow the AAAs more time for reporting on their activities over the last three-year grant cycle.

**50. New 3/31/20: Can we use transportation to pick up or deliver shelf stable meals?**

AAAs must reimburse a provider for the service as defined in the Service Definitions. Transportation is reimbursed for one one-way trip and HDMs are reimbursed for one meal. The cost of delivering HDMs should be included as a cost in the rate paid to the meal provider.

**51. New 3/31/20: Will the housing bond funding requirement to complete by August be taken into consideration?**

Housing bond funds are available to AAAs only through August 31, 2020, since these funds are state general revenue.

**52. New 3/31/20: Any suggestions on what staff with EBI only duties can be doing at this point since we are not meeting with the public at this time? Can Title III-D evidence-based interventions be conducted remotely?**

AAAs should assess their internal resources to determine where these staff would be most beneficial for their organization. One option may be to encourage EBI staff to continue their relationship with current participants

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and to find ways to support them with immediate needs through Telephone Reassurance. AAAs must charge staff time to the appropriate service category.

HHSC agrees providing Title III-D evidence-based interventions is a good way to offer services if the AAA or provider can appropriately track and record services. The National Council on Aging is compiling information about the national Title III-D list of approved evidence-based interventions. Remote implementation is feasible for some programs, but not all of them. Please visit the National Council on Aging, Center for Healthy Aging, website to find out if remote mechanisms will support program fidelity at: <https://www.ncoa.org/uncategorized/frequently-asked-questions-covid-19-and-health-promotion-programs/>

- 53. New 3/31/20: Can staff assist with the delivery of HDMs? If yes, can we justify their salary being paid out of their current cost centers, even if it is not their "normal" job task?**

Yes. AAA can assist with the delivery of HDMs periodically and charge the time to the current costs centers.

- 54. New 3/31/20: Our AAA will probably not be able to spend all its current year Title III-D funds awarded for 2020. Will there be a loss of funds for the AAAs if the AAA cannot spend all its Title III-D funds?**

The AAA may want to expend its Title III-D funds in other supportive or nutrition services.

The Major Disaster declaration for Texas allows maximum flexibility in the expenditure of OAA funds for disaster services. AAAs will be permitted to expend funds for disaster services without regard to the OAA title under which funds are appropriated and no additional waiver, transfer or application to ACL is required.

- 55. New 3/31/20: Can HHSC do a unit distribution for congregate meals in SPURS and will the system allow you to add HDMs to the congregate meal sites?**

Unit distribution only changes the fund identifier to allowable funding sources. We can use service remapping to change those Title III-C1 Congregate Meals to Title III-C2 HDMs. Please contact the Help Desk for more assistance.

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**56. New 3/31/20: Can we have guidance about what AAAs can do to interact with the public?**

Some examples of services AAAs can provide to the public without in-person interaction are: information, referral and assistance; case management; benefits counseling; virtual evidence-based interventions (if supported by the program developer as a program that can maintain fidelity if provided by virtual means); and telephone reassurance.