



AES Area Agencies on Aging COVID-19

Frequently Asked Questions

Updated March 20, 2020

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?

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 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.

AES is committed to providing the Area Agencies on Aging (AAAs) maximum flexibility to meet the needs of vulnerable older Texans during the COVID-19 state and national health emergency.

Statewide waivers for Older Americans Act home delivered meals programs are effective March 16, 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; and
- 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. The election to opt out of socialization contacts must be documented in the person's file.

2. Will disaster funding be made available for meals? Does the new bill passed by Congress and signed by the President include funding

avenues to help programs purchase additional meals and provide other ancillary services?

There are currently no additional funds available for OAA programs. The bill signed by the President doesn't specifically authorize funding for ACL programs. Funding carried forward from federal fiscal year 2019 will be made available to AAAs as soon as possible.

3. Can we suspend home visits?

The instructions for the Consumer Needs Evaluation state the assessment may be completed face-to-face or by telephone for Day Activity and Health Services, Care Coordination, Respite Care, Chore Maintenance, Home Delivered Meals, 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.

The Determination of Type of Meal related to the Home Delivered Meals 2020 Pilot Project requires an in-home assessment, however, the assessment is not required for home delivered meals served during an emergency. **COVID-19 is a national health emergency.**

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

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?

For Aging Services Professionals at the State and Local Levels, HHSC has an established method to provide explanations when actual performance of key measures varies ± 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. Are there any other waivers for HHSC requirements?

Yes, HHSC is *suspending the requirements* below and understands this waiver may result in missing data for ADLs and IADLs for the State Program Report.

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- The Consumer Needs Evaluations (CNE) for HDMs are not required for people who are moved from the congregate meal program to the home delivered meals program.
 - CNEs for HDMs are not required for people who are new to the HDM program. The CNE must be completed within one year from the original intake date for people who remain in the HDM program. This waiver is in effect through April 30, 2020.
 - Nutrition Risk Assessments are not required for people who are new to the congregate and home delivered meals programs. These must be completed within one year from the original intake date for people who remain in either program. This waiver is in effect through April 30, 2020.
 - HHSC is *suspending the requirement* to deliver HDMs at least once a week to each person receiving the service. Meal providers may deliver meals at least once every two weeks to address the potential for the loss of volunteers and to reduce the contact with people receiving meals.

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.

- HHSC is *suspending the requirement* to request approval to serve fewer than five meals a week. If a provider must serve fewer than five meals a week, please send the information to the Help Desk.
- HHSC is *suspending the requirement* for volunteers 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.

6. 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.

7. 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?

People can take the meal back to their apartment if the meal is counted as a Title III-C2 meal. See the responses to questions 13 and 14 from ACL.

8. 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.

9. 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.

10. 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.

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

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.

12. If a congregate nutrition provider has an emergency and they use shelf-stable meals, can those meals be counted as NSIP meals?

From ACL: Yes, in emergencies only. These meals can be counted as NSIP (assuming, of course, that the shelf-stable meals are domestically produced, meet the dietary guidelines of the OAA and program participants meet NSIP requirements). A provider cannot, on a regular basis, count and serve shelf-stable meals as NSIP meals. A prudent program administrator would count the meal when it is served.

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

13. 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 (congregate meal money) meal?

From ACL: No, you cannot count it as an OAA Title III C-1 meal if you are sending a meal home. Meals consumed at home cannot be part of a C-1 site program. If the emergency has limited the participants' ability to attend a meal site, shelf-stable meals are one option. The provider may use NSIP funds to pay for and count shelf-stable meals as NSIP meals (assuming, of course, that both the shelf-stable meals and the program participants meet NSIP requirements). The shelf-stable meals can be counted when they are delivered.

14. 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 with C-1 funding? What flexibility is there to address the increased need for these meals?

From ACL: No, meals that are delivered or consumed in the home cannot be paid for by C-1, which is designed to be provided or consumed in congregate settings. Shelf-stable, frozen, grab and go, drive-up, and drive-through meals may be paid for from Title III C-2 funds 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. Flexibility exists in the OAA for States to transfer funding between Title III-B and C-2 (up to 30 percent, plus an additional amount upon request for a waiver) or between C-1 and C-2 (up to 40 percent, plus an additional 10 percent upon request for a waiver) to cover increased demand for home-delivered or any meal that is to be consumed in the home.

15. Are any accommodations ever made by the Administration for Community Living (ACL) for a State/Tribe regarding NSIP funding for disasters (i.e. NSIP funding for next year will likely decrease because of emergencies)?

From ACL: NSIP is distributed to SUAs and Title VI grantees based on the number of eligible meals served in the prior year as a proportion to the number of meals served by all States, Territories and Tribes. Therefore, it is possible that a funding decrease could occur because of decreased meals served.

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 IIIC 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 are consumed.

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

From ACL: The statute does not give ACL the authority to waive the Dietary Reference Intakes (DRI) applicable to meals under Title III, Parts C-1 or C-2 or under the Nutrition Services Incentive Program (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."

17. 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.

- 18. 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.

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

20. 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.

Yes, “grab and go” and “drive-up” meals can be provided; however, meals that are delivered or consumed in the home cannot be paid for with Title III C-1, which is designed to be provided or consumed in congregate settings.

Shelf-stable, frozen, grab and go, drive-up, and drive-through meals may be paid for from Title III C-2 funds 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.

Flexibility exists in the OAA for States to transfer funding from Title III-B to C-2 (up to 30 percent of their total allotment, plus an additional amount based upon request for waiver) or between C-1 and C-2 (up to 40 percent, plus an additional 10 percent upon request for a waiver) to cover increased demand for home-delivered or any meal that is to be consumed in the home.

21. 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.

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. HHSC is also suspending the requirement to provide one hour of training for volunteers.

22. 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.

23. 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)?

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.