

**Frequently Asked Questions - #1**  
**Guidance for Area Agencies on Aging for Coronavirus Disease 2019**  
**(COVID-19)**

Released - March 10, 2020

**1) Do AAAs have the flexibility to provide take-home or brown bag meals for congregate clients?**

Yes. AAAs have the flexibility to allow take-home meals or brown bags meals to congregate clients. Meals will be counted as Title IIIC-1 meals. Note - meals must meet Dietary Guidelines for Americans (DGA) and provide 1/3 of Dietary Reference Intakes (DRI) to be counted.

**2) Can in-home eligibility re-assessments for home-delivered meal (HDM) clients be deferred due to risk of COVID-19?**

Yes. Scheduled eligibility reassessments for HDM clients can be conducted via phone during the COVID-19 state of emergency and the reason for phone visit noted in the client's file. Scheduled in-home visits for eligibility reassessments are to be reinstated when the state of emergency or county state of emergency has lifted.

**3) Can service providers purchase and distribute emergency meals (shelf stable meals or brown bag meals) in the event that they are unable to prepare meals in the kitchen?**

Yes. AAAs may purchase and distribute emergency meals in the event they are unable to prepare meals. Meals will be counted as C-1 or C-2 meals as appropriate. Note - meals must meet Dietary Guidelines for Americans (DGA) and provide 1/3 of Dietary Reference Intakes (DRI) to be counted.

**Frequently Asked Questions - #2**  
**Guidance for Area Agencies on Aging for Coronavirus disease 2019**  
**(COVID-19)**

**Released March 12, 2020**

**General Guidance for Programs**

**1) Can AAAs/service providers suspend services due to the risk of COVID-19?**

Governor Newsom announced on 3/11/20 that the state's public health experts have issued an updated policy on gatherings to protect public health and slow the spread of COVID-19. The updated guidance included the following information:

- Gatherings should be postponed or canceled across the state until at least the end of March. Non-essential gatherings must be limited to no more than 250 people, while smaller events can proceed only if the organizers can implement social distancing of 6 feet per person.
- Gatherings of individuals who are at higher risk for severe illness from COVID-19 should be limited to no more than 10 people, while also following social distancing guidelines.
- The updated policy defines a "gathering" as any event or convening that brings together people in a single room or single space at the same time, such as an auditorium, stadium, arena, large conference room, meeting hall, cafeteria, or any other indoor or outdoor space.
- This applies to all non-essential professional, social, and community gatherings regardless of their sponsor.

Please see links for further detail.

<https://www.gov.ca.gov/2020/03/11/california-public-health-experts-mass-gatherings-should-be-postponed-or-canceled-statewide-to-slow-the-spread-of-covid-19/>

[https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH Document Library/Gathering Guidance 03.11.20.pdf](https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Gathering_Guidance_03.11.20.pdf)

Source: Governor Newsom Press Release 3/11/20 and CDPH updated policy on gatherings

## **Title IIIC-1 (Congregate) and IIIC-2 (Home-delivered)**

- 2) Can service providers deliver meals to registered C-1 clients who are unable to attend a congregate meal site (example: site closure or transportation issue) or who are unwilling (example: social distancing) to pick-up meals distributed onsite?**

Yes. Meals delivered to congregate clients who are unable or unwilling to attend a congregate meal or unable or unwilling to pick up meals distributed onsite are counted as C-1 meals in CARS (or in the database used) and are also to be tracked as “C-1 COVID19”. The AAA should have a system in place to track “C-1 COVID19” meals.

Meals delivered to congregate clients should not be counted as C-2 meals since the congregate clients do not have the other characteristics of C-2 clients such as the need for assistance with ADLs, lack of ability to prepare meals independently, etc.

Source: ACL

- 3) Are AAAs required to account for C-1 meals that are picked up or delivered to C-1 clients separately from C-1 meals consumed in a congregate setting and, if so, will AAAs need to set up a new meal code in Q CareAccess Database?**

AAAs are required to have a system in place to track the number of meals provided to C-1 clients that are not consumed in a congregate setting. These meals are to be tracked as “C-1 COVID19”. This information may be requested in the future and may also play a role in emergency funding.

AAAs do not need to set up a separate meal code in CARS or Q CareAccess Database (or other data system used) for meals picked up or delivered to C-1 clients. The AAAs have flexibility to determine the simplest system that works for their providers to track “C-1 COVID19” meals.

Source: ACL and CDA

- 4) Can service providers distribute bulk shelf-stable or frozen meals to clients?**

Yes. Providing shelf-stable or frozen meals in bulk (example: meals for one to two weeks) is allowed and is a prudent practice in an effort to minimize contact during concerns related to COVID-19.

Source: CDA

**5) Is there flexibility in meeting the Dietary Guidelines for Americans and Dietary Reference Intake standards if nutrition providers are impacted by supply chain or employee/volunteer shortages due to COVID-19?**

All meal components must be included in meals. AAAs and nutrition providers have flexibility in meeting dietary guidelines for sodium, fat, whole grain, and fiber during the COVID-19 pandemic.

Source: CDA

**6) Do nutrition providers have flexibility in making unplanned menu changes and substitutions?**

Yes. Nutrition providers should work with provider RD or AAA RD to establish acceptable menu changes and substitutions that will allow flexibility to accommodate supply chain shortages while still providing meals that meet nutritional guidelines as outlined in Question 5 of this document.

Source: CDA

**7) What is the guidance for C-2 drivers concerned about delivering to a client who may have been exposed to COVID-19 and for C-2 drivers who may be sick?**

HDM drivers can minimize contact by placing meal(s) on doorstep, ringing bell or knocking, and waiting in vehicle until client or caregiver answers the door and takes the meal. If the client or caregiver does not answer the door and take the meal, standard practices used for client not at home (such as door tag) are to be followed.

Advise staff or volunteers that they should stay away from work or other people if they become sick with respiratory symptoms like fever and cough. Additionally, individuals should take the following steps to protect themselves and those around them:

- Washing hands with soap and water
- Clean and disinfect frequently touched surfaces daily. If surfaces are dirty, clean them using detergent or soap and water prior to disinfection
- Avoiding touching eyes, nose or mouth with unwashed hands
- Cover your cough or sneeze with a tissue or your elbow
- Avoiding close contact with people who are sick
- Following guidance from state and local public health officials

See link for CDC Resources (handouts and posters):

<https://www.cdc.gov/coronavirus/2019-ncov/communication/factsheets.html>

Source: ACL, CDPH, CDC

**8) Can in-home assessments for new home-delivered meal clients be deferred due to risk of COVID-19?**

Yes. In-home assessments for new HDM clients can be deferred until the risk of COVID-19 has abated (i.e. when the state of emergency or county state of emergency has been lifted). Assessment questions should be answered in a phone interview to the best of the interviewer's ability within 2 weeks of the beginning of service.

Source: ACL, CDA

**Title IIIB**

**9) Should regular services for programs that require close contact like Personal Care, Homemaker, Chore, Transportation etc. be cancelled due to risk of COVID-19?**

Services that require close contact should be triaged by risk to the participant. Only services that are considered essential to the participant's health and safety should be delivered. Program managers should work with the participants over the phone to explore alternative solutions for non-essential services.

Source: ACL, CDA

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## **Frequently Asked Questions - #3**

### **Guidance for Area Agencies on Aging for Coronavirus Disease 2019 (COVID-19)**

**Released March 19, 2020**

#### **General Guidance for Programs**

- 1. Can the requirement for an RFP for new local home delivered meals contractors be waived so that new home delivery contract can be quickly executed quickly?**

The **California Code of Regulations (CCR) 7360 Noncompetitive Awards** allows for non-competitive awards when a public emergency exists. However, it is important to note that emergency contracts must be a reasonable time associated with the emergency. For example, if the emergency covers a two-month period, it would be considered unreasonable for the AAA to execute a contract for more than 6 to 12 months.

Source: CCR

#### **Guidance for Title V/SCSEP**

- 2. Should participants continue their community service/work experience activities scheduled at Host Agency sites that remain open?**

Per Governor Gavin Newsom's Coronavirus press conference held Sunday, March 15, 2020, new statewide guidance for adults age 65 and older or those with underlying health conditions is to practice self-isolation.

If more restrictive guidelines have been issued at the local level in affected counties (e.g. shelter in place), SCSEP participants should follow those directives.

#### **Title IIIC**

- 3. REVISED: Can service providers deliver meals to registered C-1 clients who are unable to attend a congregate meal site (example: site closure or**

**transportation issue) or who are unwilling (example: social distancing) to pick-up meals distributed onsite?**

Yes. Meals delivered to congregate clients who are unable or unwilling to attend a congregate meal or unable or unwilling to pick up meals distributed onsite are counted as C-1 meals in CARS (or in the database used) and are also to be tracked as “C-1 COVID19”. The AAA should have a system in place to track “C-1 COVID19” meals. **Please continue following the guidance above. Continue to count meals delivered to C-1 clients as C-1 meals and track them as “C-1 COVID19” meals. Any changes in guidance from the ACL that could result in revisions to how these meals are counted will be taken care of internally by the CDA and no AAA process or procedural changes will be required.**

Source: ACL, CDA

**4. How should voluntary contributions be handled when providing meals in a drive-through option?**

Voluntary contributions to clients using the drive-through option should be handled in the same manner as C-2. Provide those who participate using the drive-through option a copy of the voluntary contribution letter used for your C-2 clients, thus giving them the opportunity to contribute to the cost of the program.

Source: CDA

**5. Can containers for to-go (i.e. take-out meals) be purchased with IIC funds?**

Yes. Using IIC funds to purchase containers for packaging and distributing to-go meals is allowable.

Source: CDA

**6. Do nutrition providers have the ability to count unplanned waste as meals served since it will be impossible to predict accurate serving levels during the COVID-19 pandemic?**

No. Food waste or meals that are not served to clients may not be counted as meals. It is advised that nutrition providers strive to utilize meals by employing strategies such as freezing undistributed meals for future distribution, providing extra meals to those who pick up meals, deliver extra meals to C1 clients unable to pick up meals, deliver extra meals to C2 clients. Note – multiple meals may be provided to clients and counted accordingly.

Source: CDA

## **7. Can home-delivered meals be carried in ice chests?**

The same food safe safety requirements apply: Potentially hazardous food is to be maintained at or above 135°F, or at or below 41°F. Meals may be delivered in ice chests as long as cold food is kept at or below 41°F and frozen food is kept in a frozen state.

Source: California Retail Food Code 113996(a)

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## **Frequently Asked Questions - #4**

### **Guidance for Area Agencies on Aging for Coronavirus Disease 2019 (COVID-19)**

**Released March 25, 2020**

#### **AAA Administration**

- 1. Can all Area Plan activities such as development, public hearings, and the May 1<sup>st</sup> deadline be suspended?**

All Area Plan requirements such as public hearings, development, service unit projections, and planning are temporarily suspended until further notice. The suspension includes the May 1<sup>st</sup> deadline for the new 2020-2024 Area Plan.

Source: ACL, CDA

- 2. Can CDA and the Area Agency on Aging (AAA) temporarily suspend onsite monitoring during the COVID-19 national emergency?**

The State is temporarily suspending onsite monitoring of AAAs and AAAs have discretion to temporarily suspend monitoring of their providers during the COVID-19 national emergency.

Source: ACL, CDA

#### **Senior Community Service Employment Program (SCSEP)**

- 3. Are SCSEP participants eligible for Emergency Paid Sick Leave?**

On March 16, 2020 CDA was advised by the Department of Labor (DOL) to review, amend or initiate a policy that governs paid sick leave. In response, CDA has developed Emergency Sick Leave Guidance for SCSEP subgrantees to mitigate potential negative effects of COVID-19 on SCSEP participants. CDA subgrantees are approved to allow all currently active participants who are not on an approved break in service to receive this emergency benefit. The guidance is designed to protect our communities and the older adults we serve by limiting the risk to SCSEP participants' health and safety while simultaneously minimizing disruption to their pay. (SCSEP Emergency Guidance attached)

Source: DOL

## **Title IIIB-E Supportive Services/Family Caregiver Support**

### **4. For any IIIB services that have been temporarily suspended, can another IIIB service category be delivered instead?**

Services that are temporarily suspended due to health and safety concerns that cannot be reasonably delivered remotely may be changed to another IIIB service category that can be delivered remotely instead. For example, Adult Day Care services could be changed to Telephone Reassurance services or Transportation could be changed to Chore for delivering groceries. All services that are changed this way for disaster relief are not subject to Area Plan requirements such as public hearing or a change to service units projected. The AAA must track the modified service units as COVID-19 services and then can be reported through CARS as the service category which best describes the activity provided. For example, if a transportation provider picks up groceries and delivers them to a client and the process takes an hour, it would be recorded as one hour of chore services. The AAA will need to be prepared to advise CDA on the number of COVID services that were provided.

Source: ACL, CDA

### **5. Can any OAA funded services under Titles IIIB and IIIE that are usually delivered in-person be delivered remotely instead?**

Any OAA funded services that can be delivered remotely such as by telephone, computer, or other alternative means can be done without a change to the service category. Examples could include a support group held via conference call, caregiver training provided telephonically, or case management provided without a face-to-face assessment. Service units should be reported in their "usual" category, but it would be useful to know how many of the services were provided in alternate format due to the COVID-19 emergency. Track the service units as COVID-19 to report to CDA at a later time.

Source: ACL, CDA

### **6. What are the guidelines for delivering in-person services that are determined to be essential?**

Please follow the guidelines set by your state and local public health officials. Advise staff or volunteers that they should stay away from work or other people if they become sick with respiratory symptoms like fever and cough. Additionally, individuals should take the following steps to protect themselves and those around them:

- Wash hands often with soap and water for at least 20 seconds, especially after blowing your nose, coughing or sneezing or having been in a public place
- Clean and disinfect frequently touched surfaces daily. If surfaces are dirty, clean them using detergent or soap and water prior to disinfection
- Avoid touching eyes, nose or mouth with unwashed hands
- Cover your cough or sneeze with a tissue or your elbow
- Avoid close contact with people who are sick

See link for CDC Resources (handouts and posters):

<https://www.cdc.gov/coronavirus/2019-ncov/communication/factsheets.html>

Source: ACL, CDPH, CDC

## **Fall Prevention**

### **7. Can Dignity At Home Fall Prevention grant funding be used to develop videos (for YouTube) and/or conduct video/online classes (e.g., Zoom)?**

Fall Prevention funding can be used to create videos as part of providing “information and education.” However, Fall Prevention funding cannot be used for any forms of exercise, strength or balancing classes. If the created videos are related to in-home safety assessments to avoid falls this would be an allowable activity.