

**CALIFORNIA DEPARTMENT OF AGING**  
**Division of Home and Community Living**  
**Older Adults Program Branch**  
2880 Gateway Oaks Drive, Suite 200  
Sacramento, CA 95833  
www.aging.ca.gov  
TEL 916-419-7500  
FAX 916-928-2267  
TTY1-800-735-2929



## **Guidance for Area Agencies on Aging Regarding Return to Standard Operations for the Older Americans Act Programs Post-COVID-19 Major Disaster Declaration**

### **FREQUENTLY ASKED QUESTIONS**

**Released February 3, 2023**

*This document supersedes previous guidance.*

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## **Major Disaster Declaration**

### **1. When is the Major Disaster Declaration (MDD) due to end?**

The Governor announced that the COVID-19 MDD will end on February 28, 2023

(<https://www.gov.ca.gov/2022/10/17/governor-newsom-to-end-the-covid-19-state-of-emergency/>).

The reversal of Older Americans Act (OAA) program flexibilities is tied to the ending of the MDD. As noted in [PM 23-05](#), the AAAs will have a six-month transition period to return to standard operations when the MDD ends.

The six-month transition period will begin on January 2, 2023. This timeline will ensure the return to standard operations by July 1, 2023, including complete data reporting for FY 23-24, while allowing continued flexibility through the winter respiratory virus season.

## Monitoring

### 2. Are AAAs required to resume monitoring service providers?

Yes. Returning to standard operations would include resuming normal monitoring visits of the AAA's service providers as per OAA & CDA Standard Agreement terms.

For Title IIIC food safety and sanitation monitoring, see [#31](#).

## Vaccination and Mask Requirements

### 3. Are program participants, staff, or volunteers required to be vaccinated or to wear masks?

For current recommendations, refer to the California Department of Public Health (CDPH) Guidance for the Use of Face Masks at <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Guidance-for-Face-Coverings.aspx>

Additionally, California's SMARTER Steps (<https://files.covid19.ca.gov/pdf/CA-Smarter-Plan-one-sheet--en.pdf>) is a one-page tool providing the latest guidance on vaccinations/booster, masks, and ventilation.

## Data Reporting

### 4. How should AAAs report data for services provided with Older Americans Act Funds and with supplemental funds (AARP, OARR, etc.)?

Services provided by the Older Americans Act Area Plan funds are reported into CARS with all required data elements. Services provided by supplemental funds (ARP, HCBS/OARR) are reported into the Online Data Reporting Tool (ODRT).

## Contracts

### 5. Are AAAs required to conduct an RFP for Older Americans Act Title III services during the pandemic?

For Title III programs, 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 cover a reasonable period 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.

The AAA would have to conduct its own analysis of the appropriate time period, and whether the public exigency/emergency exception exists for their agency.

## Title III C Nutrition

### Resuming Congregate Dining

### 6. Is the decision to re-open congregate sites up to each Area Agency on Aging (AAA)?

The decision to reopen congregate sites for in-person dining is made at the local level and should be based on state and local public health guidance, along with an assessment of the readiness of the program staff and older adults in the community to resume in-person activities. California's current safety measures (<https://covid19.ca.gov/safely-reopening/>) provide up-to-date guidance, including information on community levels and prevention steps by county.

Note that To-Go meals will continue to be an option post-pandemic. This will allow greater flexibility in options for reopening congregate sites, such as providing a hybrid service model offering in-person and To-Go meals options. See [To-Go Meals](#) section for more information.

**7. With the MDD ending, will To-Go meals continue to be allowed for congregate participants who are hesitant to dine in a congregate setting?**

To-Go meals will continue to be allowable after the MDD-related program flexibilities end on June 30, 2023. Meals may be picked up by clients (or client's agent) or delivered to clients who are not comfortable dining in a congregate meal setting.

Refer to [PM 23-05, Appendix A](#) for more information.

## To-Go Meals

**8. Are To-Go meals reported under C-1 or C-2?**

To-Go meals are categorized as C-1 or C-2 depending on if there is in-person or virtual interaction during the meal.

C-1: To-Go meals that include in-person interaction (e.g., dining at congregate site such as restaurant, food truck, etc. or one-on-one with program volunteer) or virtual interaction (e.g., group interaction via Zoom, FaceTime, etc. or one-on-one with program volunteer via telephone) during the meal. C-1 meals are funded with C-1 funds and reported as C-1 meals.

C-2: To-Go meals that are consumed offsite without in-person or virtual interaction during the meal. C-2 meals are funded with C-2 funds and reported as C-2 meals.

Refer to [PM 23-05, Appendix A](#) for more information.

**9. If a nutrition provider offers To-Go Meals with a planned virtual group interaction, would it still be considered a C-1 meal if the participant doesn't join the virtual group interaction?**

The service provider is not responsible for ensuring the client attends the virtual activity, but is responsible for tracking confirmation of planned attendance.

The sign-in procedure should include confirmation of if the client intends to participate in the virtual group interaction. The meal is considered a C-1 meal if the client confirms their intent to join the virtual activity. The meal is considered a C-2 meal if the client does not confirm their intent to join the virtual activity.

**10. If a C-1 provider offers To-Go meals with a virtual group interaction, are they required to track which clients participate in the virtual group interaction?**

Tracking of participation in C-1 virtual group interaction is not required and would not be reported in the California Aging Reporting System (CARS); however, it would be a good practice for the nutrition provider to track participation to evaluate if the virtual group activity is successful.

## Transfers and Funding

**11. Can Title III C-1 dollars be moved to Title III C-2 to provide To-Go meals?**

AAAs no longer have blanket flexibility regarding Area Plan OAA funds. Per the AP 2223 Contract, Exhibit B, Article IV, E.1., AAAs may submit a request to CDA to transfer federal or State funds up to 40 percent of OAA funds received between Title III C-1 and C-2 and up to 30 percent of OAA funds received between Title III B and Title IIIC. Requests for transfers exceeding 40 percent between Title III C-1 and C-2 and 30 percent between Title III B and Title IIIC, including justification, will also be reviewed by fiscal and program teams for approval.

**12. When service providers adjust operations (for example: closing congregate sites) are there negative impacts to future funding if the reported numbers are low during this time or service units are not met?**

A decrease in meals may have a negative impact on future NSIP funding since NSIP meals will no longer be held harmless. California receives federal NSIP funding based on the total number of meals (C-1 and C-2) provided statewide with OAA funds. CDA then determines how much each AAA will receive based on local meal counts. A decrease in NSIP meals will result in a decrease in NSIP funding.

CDA notes that AAAs have received significant new federal and state funding through various supplemental funding initiatives. It is CDA's expectation that AAAs and nutrition providers will increase the number of meals delivered and participants served using this new funding. CDA encourages AAAs and service providers to continue to provide meals to as many older adults in need as resources allow.

**13. May nutrition providers who are contracted to provide congregate meals provide home-delivered or To-Go meals?**

CDA does not oversee contracts with local providers. If AAA staff have concerns about local contracts, they should consult with their own contracts and legal staff. AAAs may want to consider expanding services in new or amended service provider contracts to allow congregate providers to serve C-2 To-Go meals.

**14. How will Nutrition Services Incentive Program (NSIP) funding be effected by the pandemic?**

While previously held harmless during the pandemic, NSIP meal counts from FFY 2021 will be used to determine FY 2023-24 NSIP allocations.

## Eligibility

**15. Is there flexibility to waive the quarterly eligibility re-assessments after the MDD related flexibilities end?**

The requirement for quarterly eligibility reassessments is resumed with the ending of the MDD flexibilities and must be done in the home every other quarter. If a client declines in-home reassessment, the visit may be conducted in-person at the client's door, virtually (FaceTime, Zoom, etc.), or over the phone and the reason documented in the client file.

The requirement for quarterly eligibility reassessments to be conducted "in the home" every other quarter does not apply if meals are picked up rather than home-delivered by the provider and may be done in-person at the time of meal pick up or by phone.

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

A written assessment done in the home is required within two weeks of beginning meal service. If a client declines an in-home assessment, the visit may be conducted in-person at the client's door, virtually (FaceTime, Zoom, etc.), or over the phone and reason documented in the client file.

The requirement for initial assessments to be conducted “in the home” does not apply if meals are picked up rather than home-delivered; assessments may be completed in-person at time of meal pick-up or via telephone.

All C-2 To-Go meal clients for FY 2022-23 must have a completed assessment by September 30, 2023 to be included in the State Performance Report.

**17. Can AAAs provide meals to a person with a disability under age 60 who resides with an eligible older adult receiving C-1 or C-2 meals?**

The 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.

If To-Go meals are picked up by client or client's agent, the spouse of a client and a person with a disability who lives with the client are eligible to receive a meal.

## Meal Requirements

**18. How long does CDA anticipate the flexibility regarding meeting the DRIs and DGAs will continue?**

The waiver of nutrition requirements (DGA/DRI) for Title IIIC meals remains in place at this time. The waiver is granted at the federal level and is tied to the Public Health Emergency (PHE). Health and Human Services (HHS) will provide a 60-day notice before ending the PHE. The nutrition requirements waiver ends once the PHE ends or by July 1, 2023, whichever date occurs earlier.

CDA strongly encourages AAAs and service providers to resume following the DGAs and providing one-third of the DRIs in all meals to maintain the health and manage chronic disease conditions of program participants and in anticipation of the end of the nutrition requirements waiver. The current Menu Guidance for the Older Californians Nutrition Program (OCNP) can be found under [Resources for the OCNP](#).

**19. Can AAAs or subcontractors provide clients multiple meals to be consumed in one day?**

Yes. It is always allowable to provide more than one meal per day to clients as referenced in the California Code of Regulations (CCR) 7638.5(a).

**20. Can service providers distribute bulk shelf-stable or frozen meals to clients?**

Providing frozen meals in bulk (example: meals for one week) is always allowable. Considerations for bulk delivery include clients' ability to store and reheat meals and the need for wellness checks. More frequent check-ins can be conducted via phone.

Providing shelf-stable meals is appropriate for emergency meals but not for daily consumption. Shelf-stable meals that meet NSIP requirements can be counted as NSIP meals; however, a provider cannot serve and count shelf-stable meals as NSIP meals on a regular basis. It is a good practice to provide emergency meals to clients prior to anticipated service interruptions. Clients should be informed about the use of emergency meals and expiration dates.

**21. May nutrition providers make unplanned menu changes and substitutions.**

Food substitutions to meals originally planned must be approved by a Registered Dietitian (RD). Nutrition providers should work with the provider RD or AAA RD to establish acceptable menu changes and substitutions that will allow flexibility to accommodate supply chain shortages while still providing nutritious meals.

## Meal Delivery

**22. Would shelf-stable meals delivered by Fed-Ex/UPS be allowable if providers obtain a signature from Fed-Ex/UPS?**

Shelf-stable meals (i.e., emergency meals) may be delivered by Fed-Ex/UPS as a last resort. Providers should make efforts to deliver emergency meals to clients in-person to serve as wellness checks and to provide information on when to consume meals and when to discard meals.

**23. Will intake forms need to be completed for new clients?**

Intake forms are required for all new clients and for all clients currently receiving To-Go meals who have not had an intake form completed. All To-Go meal clients for FY 2022-23 must have a completed intake form completed by September 30, 2023, to be included on the State Performance Report.

**24. What is the guidance for resuming in-person C-2 delivery procedures to ensure wellness checks are conducted?**

Drivers should make in-person contact with clients for meal delivery and social interaction whenever possible. If there is concern with risk of COVID-19 exposure, verbal contact can be made. Masks may be worn per driver and/or client preference. Drivers who may be sick should follow CDPH guidance (<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Guidance-on-Isolation-and-Quarantine-for-COVID-19-Contact-Tracing.aspx>) or local provider guidance.

**25. To accommodate meal deliveries with a decrease in volunteers, can background checks be waived for temporary volunteers?**

No. The California Health and Safety Code, Division 2. Licensing Provisions, Chapter 3., Article 2., Section 1522 (b)(1)(D) requires background checks for employees and volunteers working with the elderly population. The underlying reason for screening volunteers who may have contact with the elderly or individuals with disabilities in need of support is to identify potentially abusive individuals. CDA does not have the authority to waive the California requirement for background checks/fingerprints.

## Program Requirements

**26. Do Title III C-1 clients receiving meals need to sign for meals?**

It is allowable for the staff/volunteer providing the meal to mark the meal as received by the client. The AAA and/or provider should have a policy and procedure in place for accurately collecting data on meals served.

**27. How should voluntary contributions be handled when providing meals in a To-Go option?**

For clients receiving meals via pick-up, a voluntary contribution sign and container for accepting contributions should be placed at the meal pick-up site. Per CCR 7638.9(c), *A sign indicating the suggested contribution for eligible individuals, and the fee for guests, shall be posted near the contribution container at each congregate meal site.*

Clients receiving To-Go meals via drive-through may be provided with a C-2 voluntary contribution letter and envelope, giving them the opportunity to contribute to the cost of the program.

**28. How should the requirement for quarterly nutrition education be met for Title III C-1 clients?**

Per CCR, 7638.11, *Nutrition education for congregate sites is defined as demonstrations, presentations, lectures or small group discussions, all of which may be augmented with printed materials.*

Nutrition education may be conducted virtually for clients receiving To-Go meals and participating in virtual group interaction. Printed material may be used as the sole nutrition education component for C-2 clients, including clients picking up meals.

**29. What is the guidance for nutrition providers on how to meet the requirement to provide a minimum of four hours of staff training annually for paid and volunteer food service staff?**

Staff/volunteer training is required as outlined in CCR 7636.5. Training must be in-person, virtual, or a pre-recorded webinar/presentation. Self-study reading materials are not allowable.

**30. Are AAAs required to submit quarterly Wait List data for potential Title III C-2 clients during the COVID-19 pandemic?**

AAAs are not required to submit quarterly Wait List data to CDA until further notice.

Requirements regarding Wait Lists and prioritization of eligible individuals is provided in CCR 7638.3(c): *Establish a waiting list for home-delivered meals whenever the home-delivered meal providers are unable to provide meals to all eligible individuals. The decision to place eligible recipients of a home-delivered meal on a waiting list, and their position on such a list, shall be based on greatest need and/or in accordance with policy established by the home-delivered meal provider, in consultation with the AAA.*

AAAs and service providers should have policies and procedures in place to track and maintain Wait List data.

## Kitchen Inspections

**31. Are we able to postpone scheduled kitchen inspections during the COVID-19 pandemic?**

The requirement for kitchen inspections for food safety and sanitation is resumed. At a minimum, quarterly monitor for safe food handling and sanitation practices of food facilities.

## Allowable Expenses

**32. Can containers for To-Go meals be purchased with III C funds?**

Yes. Using III C funds to purchase containers for packaging and distributing To-Go meals is allowable. IIIC funds may not be used to purchase to-go containers for clients consuming C-1 meals on-site. If clients are allowed to take home leftovers per site policy, clients must provide their own containers and package their own leftovers. C-1 sites should have a policy regarding leftovers.

**33. Can providers proactively purchase and store shelf-stable emergency meals for distribution when needed, even if used in the next fiscal year?**



Shelf-stable meals may be purchased for future distribution, based on anticipated need. Meals not utilized during the current contract period may be used in a future period. Expiration dates of shelf-stable meals must be observed, and clients should be advised of expiration dates when meals are delivered.

**34. Can the supplemental funding (i.e., ARP, OARR) be used to purchase produce from local farmers and farmers markets?**

Yes. Purchasing produce from farmers and farmers markets to meet the nutritional needs of older adults is supported. Fresh fruits, vegetables, and groceries should not replace meal delivery, but rather should be used to enhance OCNP meals.

**35. Are costs associated with preventing the spread of COVID-19 continue to be allowable for program use such as Personal Protective Equipment (PPE), disinfecting and deep cleaning solutions, hand sanitizers, etc.?**

Items for Title III program use including PPE (face coverings, gloves, etc.), disinfecting and deep cleaning solutions, hand sanitizers, etc. are allowable costs, both during and post-COVID-19, for those providing program services. Programs may have an increased expenditure per unit of service for purchases to prevent the spread of COVID-19 where services are provided. Such expenditures should be included with the service for which they are reported.

## Groceries and Food Banks

**36. What guidance is there for providing groceries to older adults in the community?**

Groceries can be provided using supplemental funds (ARP), or OAA funds. There are two options for grocery services outlined below:

- a. Fund and record groceries under Title III B Cash/Material Aid. If using supplemental funds, report services in CDA's annual State Program Report Supplemental Relief Form but do not report groceries in CARS.
- b. Fund and record groceries as Title III C-2 meals if the following requirements are met:
  - i. Follow DGAs and provide one-third of DRIs in each meal (see [#18](#) regarding nutrition requirements).
  - ii. Each meal must provide at least 550 calories.

Include sample menus to provide clients with options for assembling complete meals.

**37. What is the guidance for collaboration with local food banks?**

There may be opportunities to collaborate with local food banks to expand services provided to older adults. The California Association of Food Banks (CAFB) understands the capacity and needs of the local food banks and can assist with facilitating potential collaboration. AAAs interested in pursuing collaboration with local food banks should contact the Nutrition and Health Promotion Team via email at: [CDANutritionandHealthPromotion@aging.ca.gov](mailto:CDANutritionandHealthPromotion@aging.ca.gov)

## Title III B and III E: Supportive Services and Family Caregiver Support

**38. Should AAAs and service providers resume in-person services for programs that require close contact like Personal Care, Homemaker, Chore, Transportation, etc.?**

On October 17, 2022, the Governor announced that the COVID-19 MDD will end on February 28, 2023. A six-month transition period, beginning January 2, 2023, and ending June 30, 2023, provides AAAs and service providers time to adjust service operations. This timeline will ensure the return to standard operations by July 1, 2023, including complete data reporting for Fiscal Year (FY) 2023-24.



The decision to resume in-person services remains at the discretion of the AAAs based on state and local public health guidance, along with the assessment of the readiness of the program staff and older adults in the community. The AAA has the flexibility to adjust for in-person or remote services based on the local guidance which may vary by AAA and or service provider.

**39. Are flexibilities still in place for Title IIIB and Title IIIE?**

As of July 1, 2023, Title IIIB and Title IIIE Program flexibilities are no longer in place and standard OAA operations will resume. Title IIIB and IIIE services will no longer be suspended.

Area Plan OAA Title IIIB and IIIE funding and service delivery will no longer have interchangeable flexibilities except via approved budget revisions per CDA Standard Agreement Exhibit B Article IV: <https://aging.ca.gov/download.ashx?xD9K3OkQqnC5L533EI07IIW9Y42UHtFrEfcj2nda%2ftLN%2bzhd7kd60w%3d%3d>

Please note that certain funding flexibilities may still be applicable to non OAA funds such as ARPA funding. Please see appropriate PM for specific guidance on supplemental funding flexibilities.

**40. Can OAA-funded services under Titles III B and III E that are usually delivered in-person continue to be delivered remotely?**

Remote services will still be allowable and encouraged in addition to available in person services. Title IIIB and Title IIIE remote services must allow for compliance with OAA, OCA, CCR and CDA standards.

**41. What are the guidelines for delivering in-person services?**

For in person services, people should adhere to the California SMARTER Steps to protect themselves and those around them:

Shots- Vaccines are the most powerful weapon against hospitalization and serious illness.

Masks- Properly worn masks with good filtration help slow the spread of COVID-19 or other respiratory viruses.

Awareness- We will continue to stay aware of how COVID-19 is spreading, evolving variants, communicate clearly how people should protect themselves, and coordinate our state and local government response.

Readiness- COVID-19 isn't going away and we need to be ready with the tools, resources and supplies we will need to quickly respond and keep public health and the health care system well prepared.

Testing- Getting the right type of tests - PCR or antigen - to where they are needed most. Testing will help California minimize the spread of COVID-19.

Education- California will continue to work to keep schools open and children safely in classrooms for in-person instruction.

Rx- Evolving and improving treatments will become increasingly available and critical as a tool to save lives.

<https://files.covid19.ca.gov/pdf/CA-Smarter-Plan-one-sheet--en.pdf>

### **Guidance for Remote Services**

The following requirements must be met to allow for remote delivery of IIIB and IIIE services:

- a. The AAA and/ or its service providers must have the capacity to support remote service delivery options.
- b. Title IIIB and Title IIIE remote services must allow for compliance with all OAA, CCR and CDA standards.
- c. Remote service delivery must be feasible per CDA Data Dictionary definitions for Title IIIB and Title IIIE Programs.

#### **46. Can Title IIIB and Title IIIE supplemental funding such as ARPA continue to be used for costs associated with preventing the spread of COVID-19?**

Yes, Title IIIE and Title IIIB supplemental funds such as ARPA can still be used to purchase items to aid in the prevention of the spreading of COVID-19. Please refer to appropriate PM's for specific guidance on supplemental funding source.

### **Title IIID – Health Promotion – Evidence Based**

#### **42. Can Title IIID evidence-based programs (EBP) continue to be delivered remotely?**

Some Title IIID EBPs may continue to be delivered using alternate methods, such as web-based conferencing programs. The National Council on Aging (NCOA) provides a resource to track health promotion program guidance. Use the following link to check for guidance on EBPs (this page will be updated as guidance is provided by individual programs): <https://www.ncoa.org/news/ncoa-news/center-for-healthy-aging-news/track-health-promotion-program-guidance-during-covid-19/>.

Please note: Not all programs listed are approved Title III D EBPs. For a listing of approved EBPs, please refer to: <https://acl.gov/programs/health-wellness/disease-prevention> or contact: [CDANutritionandHealthPromotion@aging.ca.gov](mailto:CDANutritionandHealthPromotion@aging.ca.gov).

#### **43. What options are available during the COVID-19 pandemic if remote delivery of an evidence-based Title IIID program is not feasible?**

The requirement for Title IIID-funded programs to be evidence-based is resumed. IIID funds may not be used to provide programs that are not approved evidence-based programs (EBPs).

Programs may be provided in-person or remotely. Programs to be provided remotely must be listed on the NCOA website (<https://www.ncoa.org/news/ncoa-news/center-for-healthy-aging-news/track-health-promotion-program-guidance-during-covid-19/>) as approved for remote implementation.

Services are reported as usual in CARS if they are provided with OAA funds. IIID services provided with supplemental funds are reported on CDA's annual State Program Report Supplemental Relief Form.