

Updated Guidance for Temporary Alternative Service Delivery of the Older Americans Act Programs Operations During the COVID-19 Pandemic

Appendix A of PM 20-18: Title IIIC Nutrition Programs

The purpose of this document is to provide updated guidance on temporary alternative service delivery of the Older Americans Act (OAA) Title IIIC Nutrition Programs during the COVID-19 pandemic.

The State of California has released the [Blueprint for a Safer Economy](#) which refines the approach for reopening businesses and activities originally documented in the State's *Resilience Roadmap*. Additionally, the Administration for Community Living (ACL), in conjunction with other national organizations, has provided guidance for the OAA nutrition programs. The following guidance for the nutrition programs is based on an interpretation of the ACL guidance as it aligns with the State's *Blueprint*.

The reopening of counties will be based on State and local public health guidance and on meeting readiness criteria and metrics as defined in the *Blueprint*. AAAs should continue to comply with State and local county public health guidance. The decision to adjust service delivery of nutrition services will be 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 older adults at each site where OAA services are provided.

Tier 1 through 3:

In-person group programs or activities, including in-person congregate services are deferred while a county is in Tier 1 through 3.

Continue strategies to support clients while congregate sites are closed including:

- Offer meals through pick-up or home delivery; provide bulk meal delivery of one- or two-week supply of frozen and/or shelf-stable meals.
- Supplement meals with groceries.
- Use non-touch delivery methods and consider use of companies such as USPS, UPS, FedEx, Lyft, Uber, DoorDash, etc. for meal deliveries.
- Collaborate with local restaurants for meals.
- Conduct regular phone call check-ins to maintain social connections and assess well-being.

Develop strategic plans to prepare for resuming all nutrition program services:

- Home Delivered Meal (HDM) programming: Develop operational plans such as:
 - Possible adjustments to delivery frequency and number of meals per week
 - Safety precautions including wearing face coverings, handwashing, and physical distancing
 - Protocols for resuming in-person assessments when requirements are no longer waived, including:
 - Initial assessments for new clients

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- Annual reassessments for existing clients
- Quarterly eligibility reassessments, conducted in the home every other quarter
- Congregate programming: Begin preparation for resuming in-person congregate programs. Note that when in-person group activities resume, guidance in the *Blueprint* limits attendance to a maximum of 50 percent capacity. Possible strategies include:
 - Plan topics for employee training regarding how to limit the spread of COVID-19. Refer to the [Guidance for Dine-In Restaurants](#) for suggested topics for employee training and to the CDC [Symptom Screener](#) for guidelines and digital resources.
 - Develop cleaning and disinfecting protocols.
 - Create a reservation system to manage and limit the number of clients congregating at any one time to a maximum of 50 percent capacity.
 - Create multiple dining opportunities with extended serving times.
 - Allow sufficient time between dining opportunities for cleaning and disinfecting dining sites.
 - Consider outdoor seating for mealtimes, if feasible.
 - Plan protocol for ensuring face coverings are available, as feasible, for staff or clients who arrive without a face covering and protocol for those who elect not to wear a face covering.
 - Plan protocol for ensuring hand sanitizer is available for staff and client use where handwashing is not feasible.
 - Develop seating arrangements in compliance with physical distancing guidelines (spacing at least six feet apart) and seating limits at maximum of 50 percent capacity.
 - Develop measures to ensure physical distancing of at least six feet between employees and customers. This can include use of physical partitions or visual cues (e.g., floor markings or signs to indicate to where employees and/or guests should stand).
 - Collaborate with local restaurants, catering services, or food trucks to deliver to congregate locations.
 - Set up a lunch “buddy program” where a person dines with an older individual (virtually or in-person). A volunteer under age 60 may be offered a meal if doing so will not deprive an older individual of a meal.
 - Create multiple “pop-up cafes” to allow for smaller groups to gather in settings such as places of worship, YMCAs, community centers, libraries, housing units, etc. See links for more information on how to set up pop-up

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cafes: [Iowa Department of Aging Extended Brief](#) and [National Resource Center on Nutrition and Aging](#)

- Collaborate with local restaurants to create a voucher program. See [Guide to Working with Restaurants and Grocery Stores for Meals](#) for more details.

Tier 4:

AAAs may consider resuming in-person congregate services and implementing strategies developed during previous tiers, as appropriate. Because older adults remain at higher risk for COVID-19 and serious outcomes, it would be prudent to defer non-essential in-home services and in-person group programs or activities until a county has remained in Tier 4 for several weeks.

When in-person congregate services are resumed, safety precautions to prevent the spread of COVID-19, including wearing face coverings, handwashing, and physical distancing, must be followed. Refer to California Department of Public Health (CDPH) [Guidance for the Use of Face Coverings](#) which also provides guidance regarding individuals who are exempt from wearing a face covering including:

- Persons who are seated at a restaurant or other establishment that offers food or beverage service, while they are eating or drinking, provided that they are able to maintain a distance of at least six feet away from persons who are not members of the same household or residence.

Considerations for resuming in-person congregate services include the following:

- There will be regional variance with reopening criteria met in one county and not another; it is expected that service delivery at congregate sites will not resume at the same time in all PSAs. Continue to follow State and local public health guidance for resuming congregate services for higher risk individuals.
- The readiness of the older adults to return to in-person services will vary. Some congregate sites may delay services if the older adults are not comfortable returning due to health and safety concerns, while other sites may resume services sooner if older adults in the area served feel comfortable returning to in-person services.
- During the transition to in-person nutrition services, temporary accommodations may be permitted, such as:
 - Continued HDM services may be required for clients who are reluctant or fearful to return to the congregate setting.

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- Assessments for new HDM clients may be conducted virtually for clients who may be reluctant to allow others into their home to conduct assessments.
- HDM eligibility reassessments, conducted in the home every other quarter, may need to be conducted virtually for clients who may be reluctant to allow others into their home.
- If there is a surge of new cases at any point in a county, it is recommended that congregate services be closed, and State and local public health guidance followed for resuming congregate services for higher risk individuals.
- Program flexibilities have evolved with the COVID-19 pandemic and are subject to change based on Federal and/or State guidance. The return to traditional program requirements will be communicated through FAQs as Federal and State guidance evolves. CDA recognizes that resuming traditional program requirements involves sufficient time to adjust program operations. Additional guidance will be provided accordingly.