

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

Appendix C of PM 20-18: Title IIID Disease Prevention and Health Promotion Program

The purpose of this document is to provide updated guidance on temporary alternative service delivery of the Older Americans Act (OAA) Title IIID Disease Prevention and Health Promotion Programs during the COVID-19 pandemic as it aligns with the State's [Blueprint for a Safer Economy](#). The *Blueprint* refines the approach for reopening businesses and activities originally documented in the State's *Resilience Roadmap*.

The reopening of counties will be based 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 resume in-person Title IIID programs 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 are deferred while a county is in Tier 1 through 3, unless they can be delivered remotely.

- Some Title IIID evidence-based programs (EBP) are approved for virtual delivery or are temporarily approved for virtual delivery during the COVID-19 pandemic. Guidance is provided on individual programs on the National Council on Aging (NCOA) website: [Track Health Promotion Program Guidance During COVID-19](#).
- It is not an expectation that AAAs deliver virtual EBPs during Tier 1 through 3. AAAs may use IIID funds during the COVID-19 pandemic for non-EBP activities such as conducting telephone wellness checks of clients.

EBP programming: Begin preparation for resuming in-person EBPs. Note that when in-person group activities resume, guidance in the *Blueprint* limits attendance to a maximum of 50 percent capacity. Possible strategies in preparation for resuming in-person EBPs include:

- Plan employee training regarding how to limit the spread of COVID-19. Refer to the CDC [Symptom Screener](#) for guidelines and digital resources.
- Develop cleaning and disinfecting protocols.
- Create a reservation system if unable to accommodate all clients with a maximum of 50 percent capacity and with physical distancing requirements.
- 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.

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- Develop measures to maintain physical distancing (spacing at least six feet apart), such as floor markings to indicate individual space on floor. Limit the number of clients participating in-person to a maximum of 50 percent capacity.
- Consider outdoor programming, if feasible.
- Consider adopting new EBPs that offer flexibility with in-person or virtual delivery.

Tier 4:

AAAs may consider resuming in-person EBPs 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 in-person EBPs until a county has remained in Tier 4 for several weeks.

When in-person EBPs 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 face coverings.

Considerations for resuming in-person EBPs include the following:

- There will be regional variance with reopening criteria met in one county and not another; it is expected that in-person EBPs will not be resumed at the same time in all PSAs. Continue to follow State and local public health guidance for resuming programs for higher risk individuals.
- The readiness of the older adults to resume in-person programs will vary. Some sites may delay in-person programs if the older adults are not comfortable returning due to health and safety concerns, while other sites may resume in-person programs sooner if the older adults in the area served feel safe attending in-person programs.
- Consider options for accommodating clients who are not yet ready to return to in-person classes, such as offering virtual classes. AAAs/providers may continue to offer clients a virtual option as long as the EBP continues to be approved for remote implementation. Refer to the NCOA website for guidance on specific EBPs: [Track Health Promotion Program Guidance During COVID-19](#).
- Offering a virtual EBP option to clients post-COVID-19 may be an effective strategy to engage older adults who have not previously participated in Title IIID activities.
- If there is a surge of new cases at any point in a county, it is recommended that in-person programs be closed, and State and local public health guidance followed for resuming in-person programs for higher risk individuals.

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- 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.