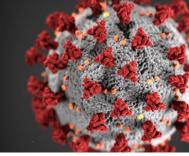# FREQUENTY ASKED QUESTIONS
BASED ON CALL WITH ACL AND STATE UNIT ON AGING DIRECTORS HOSTED BY ADVANCING STATES ON MARCH 23, 2020

Various Topics Issued March 27, 2020

> ACL provided these FAQs after a call with State Unit on Aging Directors hosted by ADvancing States on Monday, March 23, 2020.

State Plan Due Date Extensions/Suspending Project Work

Can ACL postpone the deadlines for the current states that need to submit their state plans on aging for at least 6 months? The state staff are so overwhelmed with dealing with the COVID crisis that they do not have time to work to complete the state plans and they also can't gather groups to review their drafts. Any flexibility would be appreciated.

Fifteen States have state plans due this year. Of the fifteen, three have state plans that were approved for a two or three year cycle. Those three States are encouraged to send a letter to their ACL Regional Administrator (RA) requesting an extension of their State Plan for an additional year. ACL will provide a written response approving the extension request.

For the other twelve States, ACL does not have statutory authority to extend a state plan time period beyond four years. At this time, ACL will extend the due date **from July 1, 2020 to September 15, 2020** (with a draft due to your RA by August 17, 2020). Additionally, ACL will continue to communicate with States regarding any additional flexibilities that may become available.

Related Questions:

Is it okay to have virtual public hearings or town halls for COVID-19 reasons since they can't be held in person?

Yes.

Can states suspend all other project work — including person centered project grants, etc. so that they can focus on the emergency at hand? They don't have enough staff to cover the emergency and daily operations. We also have too many staff being pulled to answer phone calls from concerned citizens.

ACL wants to reduce States' burden by waiving requirements and extending due dates where possible. States should contact project officers and RAs regarding specific requests.

acl.gov/COVID-19 ACL is an operating division of the U.S. Department of Health and Human Services.

ACL
Administration for Community Living

Essential Services

Is it possible to have a statement from ACL that OAA and ADRC services are "essential services?"

The designation of "essential services" is a state or local designation. ACL urges State Units on Aging (SUA) to review their aging network responsibilities and structures, and make such determinations in coordination with their state emergency management agencies.

ACL is aware of SUAs that have issued guidance confirming that the aging network's provision of home delivered meals and in-home services are considered "essential services." For more information and examples of SUAs that have issued such guidance, contact your RA.

Related Questions:

If county or tribal governments that provide these services "shut down" all operations, is there a minimum level of service that must be provided? How do states handle this situation if AAAs and providers shut down their entire operation? Has this happened in other states?

The specifics of program operations is a State and local issue. Due to the variation in OAA program administration and service delivery across the country, ACL urges SUAs to communicate expectations and requirements to AAAs and providers. ACL encourages SUAs to reference their State and AAA emergency plans for guidance.

What if the County, AAA, Provider or Tribal emergency preparedness plans do not currently address pandemic-level specificity, or a "stop-all operations" scenario?

ACL encourages communication with the respective SUA & County/Tribal or State Emergency Management Agency prior to making a final decision to stop all operations. These entities might be able to help problem solve and continue operations, or at least alert others to the looming gap.

Emergency Funds and Relief

Please provide clarification around processes for states to access emergency funds and relief.

Section 310 of the OAA authorizes additional funding and flexibility for disaster relief only when a "major disaster [has been] declared by the President in accordance with the Robert T. Stafford Relief and Emergency Assistance Act"

In one of our FAQs, ACL included a link to the FEMA website that explains the Stafford Act Declaration Process. This FEMA link contains the following information:

> The Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. §§ 5121-5207 (the Stafford Act) §401 states in part that: "All requests for a declaration by the President that a major disaster exists shall be made by the Governor of the affected State."

A Major Disaster declaration is something that your Governor requests via an application process through FEMA, and the President approves/declares. This is the process states have taken when requesting federal assistance for disasters such as hurricanes, wildfires, blizzards, tornadoes, and flooding.

The FAQs at acl.gov/COVID-19 have been updated to include the FEMA links where you can check to see if your state received a Major Disaster declaration and has a link for the templates, tools and forms that your Governor uses to request a Major Disaster Declaration.

Reporting Requirements

How do states track things related to what they are doing for COVID-19 (i.e., expenditures, service plan changes, increased request in Information and Referral (I&R)?

The Families First Coronavirus Response Act funds were issued under a separate grant award number; therefore, funds must be accounted for separately from the regular issuance of Title III Older Americans Act funding. A separate supplemental form will be required for financial report submissions. States are required to continue maintaining appropriate records and documentation to support the charges against the Federal awards. Additional information will be coming out shortly on programmatic reporting requirements. At a minimum and where possible, states should be recording the number of clients to whom service is provided, the name or category of services provided, the number of units of service provided, and the expenditures related to providing such services.

Related Questions:

With regard to the certification of NAPIS numbers for FFY 2019 is it possible to have an extension?

Given the recent COVID-19 pandemic, ACL's Office of Performance and Evaluation (OPE) is granting a 45-day extension to submit the SPR. The postponement means the full SPR report is due Monday, May 18, 2020. As the situation regarding COVID-19 is fluid, we will continue to be in touch with you in case additional changes to processes and timelines are needed.

At this point, all states have submitted meal counts and ACL is in the last stage of finalizing those numbers. OPE recently sent out e-mails requesting confirmation of numbers that were flagged through our multi-step review process. Thank you to those of you who were able to respond. For those who have not, we understand that these are unprecedented times. No additional response is needed and we will accept all meal count numbers that you have submitted to date as final. A few of you have contacted ACL staff and made arrangements to make updates. If any state has concerns, please email jennifer.tillery@acl.hhs.gov as soon as possible. In order for the grants office to calculate NSIP Grant Award distributions, OPE has been asked to provide final meal counts.

RAs are asking states to "send emergency information to their Regional Administrators on an ongoing basis". Since everything is an emergency right now, states are asking for additional clarifying information about what ACL needs from them and the frequency.

To maintain communications and situational awareness, ACL would appreciate it if states could add their RA to distribution lists, or otherwise include their RA on guidance or communications that are going out to the aging network and/or AAAs in a state. ACL is NOT asking States to use any sort of template or submit any other types of reports at this time. ACL is simply requesting that if you are sending out mass communications to AAAs and/or your aging network that you also include your RA.

Information and Referrals

Is there any assistance or guidance with significant increases in volume at I&R resource centers?

ACL currently funds the National I&R Support Center. The National I&R Support Center provides technical assistance and training to the aging and disability I&R network. The Support Center is operated by ADvancing States and has been fielding questions regarding the Coronavirus.

In addition, the Alliance for Information & Referral Systems (AIRS) has established a [COVID-19 website that is providing information and resources to I&R professionals](#).

Further, we have heard that additional funding may be forthcoming that is specifically targeted to III-B. In the meantime, States are free to reallocate funding in III-B to address the uptick in I&R requests.

Nutrition

Can states increase significantly the number of home-delivered meals that are being delivered to seniors? There is significant concern about the frail elderly who are relying on the one meal they receive 5 days a week. What can ACL do to get that increased and eliminate the waiting lists at a time when we are telling seniors to shelter in place? More seniors will venture out because of hunger if we do not solve this issue. Additionally, we will see more health issues as a result and more people institutionalized just for food.

Yes. The OAA does not address specific implementation issues. There is no restriction on use of OAA funds for serving more than one meal per day. It is the responsibility of the States to develop regulations, policies, procedures, guidance and technical assistance to address program administration.

Additionally, ACL anticipates that States and Tribes will use the $250 million in funding for Senior Nutrition Programs from the Families First Coronavirus Response Act to significantly expand home delivered and other meals programming. States and Tribes may use this funding to address waiting lists, expand the number of people receiving home delivered meals (including those that previously participated in congregate meals), and provide additional meals per day or week.

Other options may include food shopping & delivery that could be achieved through Title III-B funding.

Related Questions:

What are the guidelines for well-being checks for home-delivered meals? Some programs want to move to a bulk "drop" of meals or leave a meal at the door without seeing the person, which presents some food safety and overall safety concerns for our most vulnerable. Along the same lines, if congregate meal participants are transitioned to home-delivered meals, are the same well-being checks required for everyone? Or could programs target those most at risk?

Yes. The OAA does not address specific implementation issues such as well-being checks. States have the flexibility and responsibility to develop regulations, policies, procedures, guidance and technical assistance to address program administration. In exercising such flexibility, State are free to address any of the issues raised in this question.

Social Isolation

How is the network prepared to help seniors who are socially isolating for months? How are we preparing to assist seniors in nursing homes who will not have visitors for months? What are the technology resources and other creative solutions?

There are many resources including online evidence-based programs, technologies, phone-based peer supports, etc. that are being used across the network to address social isolation. ACL is working to synthesize these across the programs and CBOs offering them and will be disseminating them broadly through relevant TA Resource Centers, webinars and websites with the intent of rapidly replicating successful approaches. We're also collaborating with other federal partners.

We have learned of a NY State policy of requiring nursing homes to enable Skype and other types of communication technologies during a period of no visitation. This could also be replicated by other states. Below is a sample of other promising technology resources the network could consider:

- Project Echo in Wyoming (State AT program and UCEDD) uses a Zoom platform to communicate with clinicians, school systems, and has partnered with their State Medicaid Agency to provide Zoom licenses to State Medicaid Agency providers to enable the providers to use the Zoom platform to engage with Medicaid recipients.
- LeadingAge is developing a recorded webcast on this topic. They also maintain a vetted matrix of social connectedness technologies that will be disseminated to the network.
- NCOA has conducted a webcast on Evidence Based Programs to receive guidance on permissible ways to offer content remotely or provide other resources to address chronic disease, falls prevention and social isolation
- iPhone Facetime and Skype technologies are being used widely to enable residents and families to visit in real-time.
- Pennsylvania has developed a "Virtual Visits of Cheer and Support Facebook Page" -- See NORC website for more information & ideas
- Maine Health Care Assoc. has started "Notes for Seniors" to encourage children who are home from school to take time to write notes, upload a drawing, or send a short video to residents in nursing homes and assisted living facilities.
- The National Certification Council for Activity Professionals has a COVID-19 webpage full of ideas to prevent isolation.