

# Action Request Transmittal Aging and People with Disabilities



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**Number: APD-AR-20-026**

**Issue date: 3/13/2020**

**Topic:** Other

**Due date:**

**Subject:** COVID-19 impact on AAA nutrition and other congregate programs

**Applies to (check all that apply):**

- |   |   |
|---|---|
| <input type="checkbox"/> All DHS employees                                | <input type="checkbox"/> County Mental Health Directors                       |
| <input checked="" type="checkbox"/> Area Agencies on Aging: Types A and B | <input type="checkbox"/> Health Services                                      |
| <input checked="" type="checkbox"/> Aging and People with Disabilities    | <input type="checkbox"/> Office of Developmental Disabilities Services (ODDS) |
| <input type="checkbox"/> Self Sufficiency Programs                        | <input type="checkbox"/> ODDS Children's Intensive In Home Services           |
| <input type="checkbox"/> County DD program managers                       | <input type="checkbox"/> Stabilization and Crisis Unit (SACU)                 |
| <input type="checkbox"/> Support Service Brokerage Directors              | <input type="checkbox"/> Other ( <i>please specify</i> ):                     |
| <input type="checkbox"/> ODDS Children's Residential Services             |   |
| <input type="checkbox"/> Child Welfare Programs                           |   |

**Action required:**

**In order to protect the health, safety and welfare of our participants and ensure continuity of essential services we ask that each AAA:**

- Temporarily suspend congregate meals and other group activities no later than Monday, March 16, 2020. If this date is not possible, please provide APD an estimated date for cancellation.
- Notify providers, staff, and consumers of any immediate alternatives to the suspension of congregate dining such as box lunch service, drive-up/pick-up option, home-delivered meals; meals made available on a less frequent basis (eg weekly rather than daily), provision of shelf-stable meals.
- Implement "non-contact" deliveries for home delivered meals. For those who are too frail to answer the door, staff/volunteers should be given guidance on hand sanitizing prior to entry and maintain social distancing of 6 feet.
- To the extent possible, nutrition programs should perform wellness checks and nutrition assessments by phone.
- ACL cannot waive Dietary Reference Intake requirements for meals supported with Title C funding. However, under this Public Health Emergency, AAAs may use their

Title B funds to pay for meals that may not meet DRI requirements.

- ACL has stated that meals that are delivered or consumed at home cannot be paid for with Title C1 funds. As always, AAAs may request transfer funding between Title III-B and C2 (up to 30%, plus an additional amount upon request for a waiver) or between Titles C1 and C2 (up to 40%, plus an additional 10% upon request for a waiver) to cover increased demand for home-delivered or any meal that is to be consumed in the home.
- During this temporary suspension, nutrition screenings may be waived by providers to ensure older adults are provided with meals.
- To the extent possible, continue to provide other core AAA programs with a focus on using phone-based rather than in-person contacts. Where in-home visits are necessary, we recommend using a phone screening process prior to making a visit. Below are sample questions that the VA is using to screen prior to home visits.
- Continue to follow additional guidance provided by Oregon Health Authority and your local health department.
- Determine ways to provide regular updates to affected seniors.

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Sample phone screening prior to a home visit:

If the response is positive to any of these, the home visit should be rescheduled.

- 1a. Do you, anyone in your home, or any of your caregivers have a fever?
  - b. Do you, anyone in your home, or any of your caregivers have a new or worsening cough or shortness of breath?
  - c. Do you, anyone in your home, or any of your caregivers have flu-like symptoms?
2. Have you or a close contact traveled to an area with widespread or sustained community transmission of the Coronavirus 2019 (COVID-19) within 14 days of symptom onset?
3. Have you been in close contact with someone, including health care workers or any care providers, who has been confirmed to have the Coronavirus 2019 (COVID-19)?

**Reason for action:**

**Field/stakeholder review:**  Yes  No

**If yes, reviewed by:**

*If you have any questions about this action request, contact:*

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