



These FAQ contains programmatic questions and answers related to supplemental funding provided by the American Rescue Plan Act of 2021 (ARP).

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PURPOSE OF ARP FUNDING

On March 11, the American Rescue Plan Act of 2021 (P.L. 117-2) was signed into law by President Biden. Section 2921 of the law appropriated \$1.434 billion to remain available until expended to carry out the Older Americans Act of 1965 (OAA). Within the funding appropriated, the law indicates that of the amounts available, the funding should be provided as follows:

- (1) \$750,000,000 shall be available to carry out part C of title III.
- (2) \$25,000,000 shall be available to carry out title VI of such Act, including part C of such title.
- (3) \$460,000,000 shall be available to carry out part B of title III of such Act, including for— (A) supportive services of the types made available for fiscal year 2020; (B) efforts related to COVID–19 vaccination outreach, including education, communication, transportation, and other activities to facilitate vaccination of older individuals; and (C) prevention and mitigation activities related to COVID–19 focused on addressing extended social isolation among older individuals, including activities for investments in technological equipment and solutions or other strategies aimed at alleviating negative health effects of social isolation due to long-term stay-at-home recommendations for older individuals for the duration of the COVID– 19 public health emergency.
- (4) \$44,000,000 shall be available to carry out part D of title III.
- (5) \$145,000,000 shall be available to carry out part E of title III.
- (6) \$10,000,000 shall be available to carry out the long-term care ombudsman program under title VII.

Grantees must expend funds on allowable activities.

The following frequently asked questions are provided to assist State Units on Aging and Area Agencies on Aging understand the parameters related to the funding awarded under the ARP.

Program Questions

Title III-B

Use of Funds for Vaccines

1. *Can the funding be used for combatting vaccine hesitancy?*
 - Yes, one of the purposes of the funding is for disseminating credible information about COVID-19 vaccines and helping direct those with questions to additional sources of information. Additionally, ARP funds can also help support reducing social isolation and regular OAA Title III-B Services.
2. *Can the funding be used to support vaccine equity efforts?*
 - Yes, the aging network is encouraged to use these funds to address inequity in COVID-19 vaccination access among older adults, family caregivers, and aging network staff and volunteers from communities defined by race, ethnicity, geography, disability, income, sexual orientation, gender identity, and other factors.
3. *Can the funding be used to provide transportation stipends/vouchers to individuals?*
 - Yes, arranging or providing accessible transportation to COVID-19 vaccination sites for older adults and their caregivers is an allowable use of funds.
4. *Can the funding be used to pay for staff to plan and organize vaccination activities, participate in meetings with local public health and other entities, and/or collect and analyze data on COVID-19 vaccination rates of older adults, family caregivers, and aging network staff and volunteers?*
 - Yes, paying for staff for these activities is an allowable use of funds.
5. *Can the funding be used later in the project period for assistance with vaccine booster shots if the FDA and CDC indicate that booster shots are recommended for COVID-19 vaccines?*
 - Yes, if the FDA and CDC determine that older adults will need to receive COVID-19 booster shots, the funding can be used to support efforts to ensure older adults receive a COVID-19 booster shot.

Use of Funds to Address Social Isolation

1. *Is it permissible for a state or AAA to use a portion of their ARP Title III-B funds on any of the following activities?*
 - a. Screening, assessment, or enrollment in social engagement programs.
 - Yes, the ARP funding is for OAA activities and the OAA, as amended in 2020, includes language that “screening for negative health effects associated with social isolation” is considered a supportive service.

b. assisting individuals in avoiding placement in or to move from a long-term care facility?

Yes, the OAA also includes, “services designed to assist older individuals in avoiding institutionalization and to assist individuals in long-term care institutions who are able to return to their communities, including client assessment, case management services and development and coordination of community services” as supportive services.

c. Develop, implement and administer social engagement programs.

- Yes, “services that promote or support social connectedness and reduce negative health effects associated with social isolation” are also considered supportive services under the OAA, as amended in 2020. These services can include the provision of education, outreach, training and toolkits related to addressing social isolation.

d. Work in partnership with state AT programs to create social isolation toolkits and incorporate social isolation toolkits into I&R and assessment processes.

- Title III-B of the OAA focuses on the provision of “services.” The OAA includes, “*provision of services and assistive devices (including provision of assistive technology services and assistive technology devices) which are designed to meet the unique needs of older individuals who are disabled, and of older individuals who provide uncompensated care to their adult children with disabilities*” as supportive services.

e. purchase and deploy technology solutions to older adults at risk of social isolation?

- Yes, ARP funds can be used for “investments in technological equipment and solutions or other strategies aimed at alleviating negative health effects of social isolation.” The purchases are allowed, as long as grantees adhere to federal, State, and local policies and procedures in making these purchases. ACL encourages grantees to develop policies and procedures governing the provision and usage of such devices and to consider issues such as whether they will be provided on loan, or permanently; how will IT support be provided; who is responsible if the device is broken, lost or stolen; will it be used only for the duration of the program and then retrieved; etc. The National Council on Aging keeps a resource page with tips for securing technology and/or internet access for older adults, which is available [here](#). Note, prior approval is required for grantee equipment purchases that exceed \$5,000, see the [OAA and ARP Fiscal FAQ](#) for more information.

2. Are there technical assistance resources to assist SUAs and AAAs in addressing social isolation?

- Yes. The [engAGED Resource Center](#) is specifically focused on helping Aging Network organizations (states, AAAs, providers, other community-based organizations) increase their ability to offer social engagement programming and education to reduce social isolation among older adults. Additionally, ACL in partnership with the HHS Office of the Assistant Secretary for Health, the Federal Communications Commission, and the U.S. Department of Veterans Affairs and several national and state organizations have launched a public/private initiative called [Commit to Connect](#) to address social isolation initiative for all populations. The Commit to Connect website has additional [resources](#) related to addressing social isolation.

Title III-C

1. *We are considering holding ARP funds for future years since the law includes language that funds are available until expended. Does ACL have guidance on spending the various COVID-19 emergency funds?*
 - Please see [OAA and ARP Fiscal FAQ](#) document for project period end dates to determine the order of use of funding.
2. *Do waivers of certain OAA nutrition requirements extend to ARP funding?*
 - Yes, the nutrition services transfer criteria, home-delivered nutrition services and dietary guidelines waivers included in Section 3222 of the CARES Act (P.L. 116-136) apply to funds provided under the ARP Act. The language under the CARES Act provides the Assistant Secretary has the authority to waive the requirements for meals provided under (i) and (ii) of OAA section 339(2)(A) during any portion of the COVID-19 public health emergency. Once the public health emergency for COVID-19 as declared by the U.S. Secretary for Health and Human Services ends, the nutrition waivers provided in the CARES Act during this public health emergency also end.
3. *Are we reporting NSIP meal counts for FFY2022? (see similar question [here](#))*
 - ACL held harmless meal counts from 2019 and has applied and will apply them to FFY2020, 2021, and 2022 NSIP award allocations. Effective October 1, 2021, data on NSIP eligible meals (lines 4a or 8a in the SPRs) should be collected and reported. Please refer to: [Nutrition Services Incentive Program \(NSIP\) of the Older Americans Act, March 30, 2020](#) and appropriate NSIP program reporting instructions on NSIP eligible meals. ACL will use FY2022 NSIP meal counts to establish FY2023 allocations.
4. *Does the ARP waive the OAA requirement to offer participants the opportunity to contribute towards the cost of the meal?*
 - No. The ARP does not waive the voluntary contribution OAA provision, which requires that participants are offered the opportunity to contribute towards the cost of the meal. It is up to the SUA, Area Agencies on Aging and local nutrition service providers to decide how best to implement this requirement during the pandemic and beyond. Program income should be expended prior to drawing additional federal funding and be used to expand the service for which the program income was generated. Additionally, such contributions are considered program income; ACL has provided approval that program income may be used to meet match requirements on the ARP grant, see the [OAA and ARP Fiscal FAQ](#) for more information.

5. *A nutrition provider needs to replace equipment such as old oven, refrigerator, or steam table that is no longer working. Can the SUA approve use of Title III COVID-19 Supplemental funding (i.e. FFCRA, CARES Act, Supplemental 5 – HDC5, and ARP) for equipment related to the production and delivery of nutrition services?*
 - Funds expended from the Title III COVID-19 Supplemental funding are to respond to the Coronavirus Emergency by providing Older Americans Act services related to the response. Funds must be expended on allowable Older Americans Act activities as defined by the Older Americans Act and State and local policy, which could include equipment. The Older Americans Act is a flexible law that allows State Units on Aging to meet the unique needs of their older citizens. SUAs' role in administering the OAA is to develop regulations, policies, procedures, guidance, and technical assistance to address program administration. In summary, if your State Unit on Aging allows for the oven expenditure, ACL would consider this an allowable expense. Please note that if equipment exceeding \$5,000 is directly purchased by an SUA, then prior approval from ACL is required. Expedited processes may be available in situations of urgent need.

Title III-D

1. *Is there ARP funding for OAA Title III-D Evidence-Based Disease Prevention and Health Promotion Programs (EBPs)?*
 - Yes. There was \$44 million for OAA Title III-D included in the American Rescue Plan. The State Agency must distribute the American Rescue Plan funding based on the Intrastate Funding Formula (IFF) approved by the Assistant Secretary for Aging. Funds required to be distributed via the IFF may not be held at the State level.
2. *Are State Units on Aging able to use ARP OAA III-D funds for other OAA Title III services?*
 - No. However, during a Major Disaster Declaration incident period additional flexibilities are available, see the [Fiscal FAQ: Major Disaster Declaration \(MDD\)](#) for more information.
3. *Do ARP funds for Title III-D have to be used for health promotion and disease prevention programs that meet ACL's OAA III-D definition of evidence-based?*
 - Yes, all programs delivered must meet ACL's definition for evidence-based health promotion and disease prevention programs. For more details about ACL's evidence-based program criteria, see our website [here](#).

4. *What should SUAs do if local providers are not currently delivering in-person health promotion and disease prevention programs?*
- ACL encourages states to consider:
 1. building capacity for programs that can be delivered in a remote format, i.e., video conference, mailed toolkit, and/or phone;
 2. investing in the technology needed to deliver remote programs; and/or
 3. training additional personnel in other programs that may have in-home and/or in-person delivery options, in anticipation of return to in-home and/or in-person program delivery.

The National Council on Aging (NCOA) maintains a registry of evidence-based programs that meet ACL's criteria for OAA Title III-D, available [here](#), that provides detailed program descriptions, training information, notes delivery methods available, indicates program target population, etc. In addition, NCOA has a variety of helpful resources, tips, and information for helping organizations implementing health promotion and disease prevention programs during COVID-19, which is available [here](#).

5. *When should we resume in-person evidence-based health promotion and disease prevention programs?*
- OAA Title III-D grant recipients should follow state and local guidance with respect to in-person programs, including – but not limited to – any required and/or recommended safety precautions. In addition, grantees must follow any delivery guidance from the program developer/certifying entities for the program(s) they are implementing. NCOA hosted “[Evidence-Based Program Virtual/Remote Delivery Grand Rounds Call Nine](#)” which highlighted some considerations about resuming in-person programs.
6. *Can SUAs include older adults (60+) who live outside of their state in group, remotely delivered evidence-based health promotion and disease prevention programs?*
- SUAs may include older adults (60+) who live outside of their state in group format, remotely delivered evidence-based health promotion and disease prevention programs. However, SUAs should take care to follow any licensing rules for the program being implemented, which may restrict the ability to deliver programs to persons living outside of specifically defined geographic areas.
7. *Can technology, such as laptops or hotspots, be purchased using ARP funds if the technology is needed for the delivery of EBP remote programs?*
- Yes, the purchase of necessary technology is allowed, as long as OAA III-D grantees adhere to federal, State and local policies and procedures in making these purchases. ACL encourages grantees to develop policies and procedures governing the provision and usage of such devices and to consider issues such as whether they will be provided on loan, or permanently; how will IT

support be provided; who is responsible if the device is broken, lost or stolen; will it be used only for the duration of the evidence-based program and then retrieved; etc. The National Council on Aging keeps a resource page with tips for securing technology and/or internet access for older adults, which is available [here](#).

8. *Where can SUAs, AAAs and service providers find more information and resources about delivering evidence-based health promotion and disease prevention programs remotely?*
 - The National Council on Aging has been hosting “Grand Rounds” since April 2020 to discuss best practices and strategies for offering programs remotely. All sessions are recorded and available [here](#).
9. *Will State Units on Aging be expected to report OAA Title III-D data for programs supported through ARP funding?*
 - Yes. Technical documentation and resources for the State Program Report are available [here](#). Please see the [Title III State Program Report: COVID-19 Response Reporting Guidance](#) for additional information. ACL anticipates updating this guidance to include that ARP services and expenditures should be reported similar to FFCRA and CARES Act services and expenditures.
10. *For the State Program Report, can SUAs count staff trained to deliver programs using OAA Title III-D funds as individuals served if the person trained is 60+?*
 - No. Only persons 60+ who **participate** in an evidence-based health promotion and disease prevention program that meets ACL’s criteria can be counted for the purposes of the State Program Report.
11. *Are there specific groups of older adults (60+) that we should target in recruitment for OAA Title III-D programs?*
 - Consistent with the OAA, ACL encourages OAA III-D recipients to establish and/or expand partnerships in order to target older adults (60+) in the greatest social and economic need, such as individuals with limited English proficiency and those who live in communities that experience cultural, social, and/or geographic isolation including those that are medically underserved. ACL encourages SUAs to consider partnering with any American Indian, Alaska Native, and Native Hawaiian communities within their state, as these communities face significant health disparities. The National Council on Aging recently released a report, [Successful Strategies & Lessons Learned from Implementing Evidence-Based Programs in American Indian, Alaska Native, and Native Hawaiian Communities](#), that may be helpful to states seeking to partner with indigenous communities to deliver OAA Title III-D evidence-based health promotion and disease prevention programs.

Title III-E

1. *Can ARP funds be used for our National Family Caregiver Support Program?*

- Yes. ARP funds can help support the OAA Title III-E program services. ACL recognizes grandparents raising grandchildren may need support in getting appointments and transportation for their grandchildren to receive COVID vaccinations once they are eligible, and this would be considered an appropriate use of funds.

Title VII -Long-Term Care Ombudsman Program (LTCOP)

1. *Can ARP funds be used for Title VII for the LTCOP activities?*

- Yes. ARP funds can help support the OAA Title VII LTCOP services, consistent with the OAA.

For FAQs related to ARP funding fiscal policy, please see the [OAA and ARP Fiscal FAQ](#).