



PROGRAM REPORTING GUIDANCE – COVID RESPONSE

ACL Title III Older Americans Act – State Program Report (SPR)

May 11, 2020 – Revision 1: Includes revised guidance on reporting of expenditures on Section II.A & II.E

January 2021 – Revision 2: Includes guidance on reporting of *Consolidated Appropriations Act, 2021 Supplemental Nutrition funding (Supplemental 5-HDC5)*.

With this revision, ACL is providing guidance for states to report on services provided with these funds for FFY2021 in the same manner as FFCRA and CARES Act funds.

January 18, 2022 – Revision 3: Includes guidance on reporting of the American Rescue Plan Act (ARP) and Expanding Access to the COVID-19 Vaccines via the Aging Network (Vaccine Access-VAC5). Additionally, ACL is revising guidance on reporting of client and service units by COVID-19 supplemental grants and MDD flexibilities. Additionally, ACL is continuing the hold harmless NSIP meal counts from FFY2019. SPR related reporting for NSIP for FFY2021 may be reporting but is not required.

UPDATE: Grantees must report client and service units in the SPR report for FFY2021 for COVID-19 supplemental grant funds and MDD flexibilities. However, in FFY2021, ACL is not requiring states to report client and service units separately by COVID supplemental funding source and/or MDD flexibilities. ACL developed an Optional – FFY2021 SPR Supplemental Funds Template to assist grantees in completing reporting of COVID-19 supplemental grant funds and reporting on MDD flexibilities expenditures by service type.

Client count and service units of COVID-19 supplemental grants and MDD flexibilities must be included in the SPR as appropriate on Sections II.A, II. B, II.C and/or II.E. Grantees must report the COVID-19 Supplemental and MDD flexibilities expenditure by service type by submitting the Optional – FFY2021 SPR Supplemental Funds Template or report the information required in the narrative section (Sections IV.A) in the State Reporting Tool (SRT).

ACL is issuing this guidance regarding programmatic reporting on the [ARP](#), [Vaccine Access-VAC5](#), [Supplemental 5-HDC5](#), [FFCRA](#), and [CARES Act](#) supplemental grant funds, as well as services provided by states exercising flexibility under a major disaster declaration (MDD). **Note, Vaccine Access-VAC5 funds are not Title III B grants; expenditures and service type are reported as Vaccine Access-VAC5.** Additionally, the Major Disaster Declaration (MDD) of the Older Americans Act is not applicable to the [Vaccine Access-VAC5 grant](#), for more information see [ACL-CDC partnership to increase vaccine access: Funding FAQ for Older Americans Act programs](#). ACL instructs states to use the annual State Program Report (SPR), which is the existing process for reporting OAA services. ACL is not creating any new timeframes, service definitions, or new data elements for reporting. ACL is giving guidance and examples for states to use the existing annual SPR requirements and State Reporting Tool (SRT) system to report COVID response activities. Due to COVID response, ACL understands that clients, service units, expenditures, and expenditures per unit will differ greatly from prior year SPR reports. ACL asks states to do their best under challenging conditions to include detail on how COVID has affected program operations via narrative information reported on Section IV.A of the SPR and variance explanations, as appropriate.

In terms of fiscal reporting, [ARP](#), [Vaccine Access-VAC5](#), [Supplemental 5-HDC5](#), FFCRA, and CARES Act funds are 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. States are required to continue maintaining appropriate records and documentation to support the charges against the Federal awards.

Because grant funds were awarded before programmatic reporting guidance was disseminated, ACL understands that grantees may be tracking these funds in a variety of ways depending on grantee reporting system and administration of funds. ACL urges states to work closely with their aging services providers to update them on COVID-related programmatic reporting information and to coordinate the timing and format for those providers to report on the number of people served and the number of units of service provided using [ARP](#), [Vaccine Access-VAC5](#), [Supplemental 5-HDC5](#), FFCRA, CARES Act, and any other supplemental COVID-related funds, in accordance with this guidance.

ACL appreciates the commitment and responsiveness of the national aging network regarding the unprecedented COVID public health emergency. ACL encourages states to include programmatic reporting of expenditures related to COVID response that are usually outside the normal realm of operations. Subject to each program's policies and procedures, such expenditures may include:

- Payment of senior center utilities even if no programming was occurring in the senior center for a period of time due to COVID;
- Payments for use of other sites (e.g., congregate meal sites, senior centers) or to other staff (e.g., former congregate meal site staff) for preparation and distribution of meals and other supplies;
- Increased expenditures per unit of service due to the need to provide staff with personal protective equipment; and
- Coverage of administrative leave for employees that were unable to work due to COVID program closures.

For senior nutrition programs, additional examples of expenditures are included Senior Nutrition Program Spending Ideas, expenditures should be included with the service for which they are reported.

ACL intends to use the data collected to show accountability for the supplemental funding received, as well as to demonstrate the scope and reach of the aging network's involvement in COVID response. ACL thanks the members of the national aging network for their efforts to report accurate, complete data regarding service to older adults and family caregivers.

ACL recognizes that as programs respond to a "new normal" future guidance regarding programmatic reporting may be needed, and ACL will work with the aging network in order to develop this future guidance.

Service Definitions and Units as applied to COVID Response

Section I.A, I.B, I.C, and I.D Reporting

Services to Older Adults

States should report services to Elderly Individuals by Service on Section I.A-D. ACL understands that due to increased demand and volume under emergency response conditions, there may be higher levels of missing client demographic data. ACL encourages States and aging services providers to collect and report

demographic data to the greatest extent practicable. ACL also expects that any significant missing data and variances be explained, including those variances related to COVID response.

The following are **existing SPR Title III service definitions**, with examples updated for how to report due to COVID response. This list is not exhaustive. These are the categories ACL identified as applicable given how services are being delivered related to COVID response.

Service Name	Service Definition	Unit Name	Unit Definition	COVID Example
Home Delivered Meal (existing service in SPR)	A meal provided to a qualified individual in his/her place of residence. The meal is served in a program administered by SUAs and/or AAAs and meets all of the requirements of the Older Americans Act and State/Local laws.	Meal	One meal which meets the requirements of the meal's funding source	Meals provided via home delivery, pick-up, carry-out or drive-through. Note: Please report all home delivered meals regardless of whether or not the meals meet DRI/DGA requirements. ACL anticipates that most meals related to COVID response will be reported as home delivered meals. Additionally, states may report capital expenditures like delivery vehicles and walk in coolers under home delivered meals to reflect such expenditures to meet COVID response needs. Such capital expenditures may be described in Section IV.A.
Congregate Meal (existing service in SPR)	A meal provided to a qualified individual in a congregate or group setting. The meal as served meets all of the requirements of the Older Americans Act and State/Local laws.	Meal	One meal which meets the requirements of the meal's funding source	Meals provided in a congregate or group setting and eaten with another person (in-person or virtually), such as coordinating a buddy system or virtual congregate site via Zoom, FaceTime, GoToMeeting, etc. where people dine together. Note: States may report expenditures like rent and utilities for vacant congregate sites under congregate meals to reflect such expenditures resulting from COVID response needs. Such expenditures may be described in Section IV.A.
Nutrition Education (existing service in SPR)	A program to promote better health by providing accurate and culturally sensitive nutrition, physical fitness, or health (as it relates to nutrition) information and instruction to participants, caregivers, or participants and caregivers in a group or individual setting overseen	Session	Session per participant	Sessions, including distribution of printed materials, provided in-person or virtually by conducting a group call or online meeting (via phone, text, email, webinar, video chat, or other means) around how to continue to eat healthy and stay physically active during COVID. Virtual nutrition education cooking demonstrations, "Ask the Dietitian" nutrition education conference calls, participating in online nutrition classes, etc.

Service Name	Service Definition	Unit Name	Unit Definition	COVID Example
	by a dietitian or individual of comparable expertise.			
Nutrition Counseling (existing service in SPR)	Individualized guidance to individuals who are at nutritional risk because of their health or nutrition history, dietary intake, chronic illnesses, or medications use, or to caregivers. Counseling is provided one-on-one by a registered dietitian, and addresses the options and methods for improving nutrition status.	Session	Session per participant	Sessions provided in-person or virtually to counsel older adults on an individual basis (via phone, email, video chat, or other means) about how to maintain healthy eating habits based on their health conditions during COVID. Medical Nutrition Therapy delivered via telemedicine visit.
Homemaker (existing service in SPR)	Assistance such as preparing meals, shopping for personal items, managing money, using the telephone or doing light housework.	Hour	The amount of time to provide assistance, including amount of time taken to drive to the store, shop, and deliver the groceries, prescriptions, or other supplies	Hours of staff or volunteer time to provide assistance, including delivery of groceries, prescriptions, or other supplies to client’s residence. Note: Report the amount of time spent in providing the assistance and/or delivery. If the program is purchasing groceries, supplies, or other items, please see Consumable Supplies definition below for reporting on items purchased.

Please see Section II.E Other Services for information on how to report services to Elderly Individuals that are not separately reported in Sections I.A, I.B, I.C, or I.D.

ACL is not creating any new timeframes, service definitions, or new data elements for reporting. Please see the following excerpts from the current State Program Report definitions that may also apply, which include:

B. Standardized names, definitions and service units are provided for the services that are singled out in the SPR for reporting

Personal Care (1 Hour) -- Personal assistance, stand-by assistance, supervision or cues.

Chore (1 Hour) -- Assistance such as heavy housework, yard work or sidewalk maintenance for a person.

Adult Day Care/Adult Day Health (1 hour) – Personal care for dependent elders in a supervised, protective, and congregate setting during some portion of a day. Services offered in conjunction with adult day care/adult day health typically include social and recreational activities, training, counseling, and services such as rehabilitation, medications assistance and home health aide services for adult day health.

Case Management (1 Hour) -- Assistance either in the form of access or care coordination in circumstances where the older person is experiencing diminished functioning capacities, personal conditions or other characteristics which require the provision of services by formal service providers or family caregivers. Activities of case management include such practices as assessing needs, developing care plans, authorizing and coordinating services among providers, and providing follow-up and reassessment, as required.

Information and Assistance (1 Contact) -- A service that: (A) provides individuals with information on services available within the communities; (B) links individuals to the services and opportunities that are available within the communities; (C) to the maximum extent practicable, establishes adequate follow-up procedures. Internet web site “hits” are to be counted only if information is requested and supplied.

Assisted Transportation (1 One Way Trip) -- Assistance and transportation, including escort, to a person who has difficulties (physical or cognitive) using regular vehicular transportation.

Transportation (1 One Way Trip) – Transportation from one location to another. Does not include any other activity.

Legal Assistance (1 hour) -- Legal advice, counseling and representation by an attorney or other person acting under the supervision of an attorney.

Information and Assistance (1 Contact) -- A service that: (A) provides individuals with information on services available within the communities; (B) links individuals to the services and opportunities that are available within the communities;

Outreach (1 Contact) – Intervention with individuals initiated by an agency or organization for the purpose of identifying potential clients (or their care givers) and encouraging their use of existing services and benefits.

Note: The service units for information and assistance and for outreach are individual, one-on-one contacts between a service provider and an elderly client or caregiver. An activity that involves contact with multiple current or potential clients or caregivers (e.g., publications, publicity campaigns, and other mass media activities) should not be counted as a unit of service. Such services might be termed public information and reported on the public information category. They may also be reported in “Section II.E. – Utilization and Expenditures Profiles, Other Services Profile.”

Self-Directed Care (People Served, Title III Expenditures, Total Expenditures) An approach to providing services (including programs, benefits, supports, and technology) under this Act intended to assist an individual with activities of daily living, in which (A) such services (including the amount, duration, scope, provider, and location of such services) are planned, budgeted, and purchased under the direction and control of such individual; (B) such individual is provided with such information and assistance as are necessary and appropriate to enable such individual to make informed decisions about the individual's care.

options; (C) the needs, capabilities, and preferences of such individual with respect to such services, and such individual's ability to direct and control the individual's receipt of such services, are assessed by the area agency on aging (or other agency designed by the area agency on aging involved); (D) based on the assessment made under subparagraph (C), the area agency on aging (or other agency designated by the area agency on aging) develops together with such individual and the individual's family, caregiver (as defined in paragraph (18)(B)), or legal representative – (i) a plan of services for such individual that specifies which services such individual will be responsible for directing; (ii) a determination of the role of family members (and others whose participation is sought by such individual) in providing services under such plan; and (iii) a budget for such services; and (E) the area agency on aging or State agency provides for oversight of such individual's self-directed receipt of services, including steps to ensure the quality of services provided and the appropriate use of funds under this Act. From Section 102(46) of the Older Americans Act of 1965, as amended.

Note: In prior versions of the State Program Report Definitions, Self-Directed Care was called Cash and Counseling.

Other Services – A service provided using OAA funds that do not fall into the previously defined service categories. Expenditures on “Other Services” in Section II.A. Line 15 is required.

Health Promotion and Disease Prevention – Services that include health screenings and assessments; organized physical fitness activities; evidence-based health promotion programs; medication management; home injury control services; and/or information, education, and prevention strategies for chronic disease and other health conditions that would reduce the length or quality of life of the person 60 or older.

Note: FY 2012 Congressional appropriations now require Title III-D funding be used only for programs and activities demonstrated to be evidence-based. For more information, see Department of Health and Human Services Appropriations Act, 2012 (Division F, Title II of P.L. 112-74).

Section I.E and I.F Reporting

Services to Caregivers

ACL is not creating any new timeframes, service definitions, or new data elements for reporting. Please see the following excerpt from the current State Program Report definitions that apply:

Counseling --(1 session per participant) Counseling to caregivers to assist them in making decisions and solving problems relating to their caregiver roles. This includes counseling to individuals, support groups, and caregiver training (of individual caregivers and families).

Respite Care --(1 hour) Services which offer temporary, substitute supports or living arrangements for care recipients in order to provide a brief period of relief or rest for caregivers. Respite Care includes: (1) In-home respite (personal care, homemaker, and other in-home respite); (2) respite provided by attendance of the care recipient at a senior center or other nonresidential program; 3) institutional respite provided by placing the care recipient in an institutional setting such as a nursing home for a short period of time as a respite service to the caregiver; and (for grandparents caring for children) summer camps. If the specific service units purchased via a direct payment (cash or voucher) can be tracked or estimated, report those service unit hours. If not, a unit of service in a direct payment is one payment.

Supplemental services –Services provided on a limited basis to complement the care provided by caregivers. Examples of supplemental services include, but are not limited to, home modifications, assistive technologies, emergency response systems, and incontinence supplies.

Information Services (1 activity) -- A service for caregivers that provides the public and individuals with information on resources and services available to the individuals within their communities. [Note: service units for information services are for activities directed to large audiences of current or potential caregivers such as disseminating publications, conducting media campaigns, and other similar activities.]

Access Assistance (1 contact) -- A service that assists caregivers in obtaining access to the services and resources that are available within their communities. To the maximum extent practicable, it ensures that the individuals receive the services needed by establishing adequate follow-up procedures. [Note: Information and assistance to caregivers is an access service, i.e., a service that: (A) provides individuals with information on services available within the communities; (B) links individuals to the services and opportunities that are available within the communities; (C) to the maximum extent practicable, establishes adequate follow-up procedures. Internet web site “hits” are to be counted only if information is requested and supplied.]

Section I.E Reporting

States should report Summary Characteristics of Caregivers Serving Elderly Individuals by Service on Section I.E. ACL understands that due to increased demand and volume, there may be higher levels of missing client demographic data. ACL encourages States and aging network providers to collect and report demographic data to the greatest extent practicable. ACL also expects that any significant missing data and variances be explained, including those variances related to COVID response.

States are encouraged to provide details about services provided in COVID response as a narrative entry in Section IV.A.

FFY2021 Reporting Guidance: Client count and service units of COVID-19 supplemental grants and MDD flexibilities must be included in the SPR as appropriate on Sections II.A, II. B, II.C and/or II.E. Grantees must report the COVID-19 Supplemental and MDD flexibilities expenditure by service type in the [Optional – FFY2021 SPR Supplemental Funds Template](#) or report the information required in the narrative section (Section IV.A) in the State Reporting Tool (SRT).

Section I.F Reporting

States should report Summary Characteristics of Grandparents and other Elderly Caregivers Providing Service to Children and Adults with Disabilities by Service on Section I.F. ACL understands that due to increased demand and volume, there may be higher levels of missing client demographic data. ACL encourages States and aging network providers to collect and report demographic data to the greatest extent practicable. ACL also expects that any significant missing data and variances be explained, including those variances related to COVID response.

States are encouraged to provide details about services provided in COVID response as a narrative entry in Section IV.A.

FFY2021 Reporting Guidance: Client count and service units of COVID-19 supplemental grants and MDD flexibilities must be included in the SPR as appropriate on Sections II.A, II. B, II.C and/or II.E. Grantees must report the COVID-19 Supplemental and MDD flexibilities expenditure by service type in the [Optional – FFY2021 SPR Supplemental Funds Template](#) or report the information required in the narrative section (Section IV.A) in the State Reporting Tool (SRT).

Service Expenditures as applied to COVID Response

Section II.A Reporting

Services to Older Adults

States should include **ARP, Vaccine Access-VAC5, Supplemental 5-HDC5**, FFCRA, and CARES Act expenditures, as well as expenditures by States exercising flexibility under a major disaster declaration (MDD) for services reported under Section II.A.

Note: The COVID-19 crisis is expected to completely skew traditional meal service and meal counts. As a result, ACL is holding harmless meal counts from 2019 and will apply them to 2020, 2021, and 2022 NSIP **grant award** allocations. States are not required to complete line 4a or 8a in the SPRs submitted for FFY 2020 and 2021.

Screenshot of Section II.A provided for reference:

SECTION II. Utilization and Expenditure Profiles												
A. Title III Utilization, Expenditure Profile (Except Title III-E) State ID _____ Fiscal Year: _____												
A. Title III Utilization, Expenditure, and Program Income Received Profile (Except Title III-E)												
Cluster 1: Registered Services - Requiring Detailed Client Profile												
For Selected Services	Number of Providers	# of AAAs Direct Services Provision	Unduplicated Persons Served	# of Persons Served at High Nutrition Risk	Service Units	Title III Expenditure (includes Title IIIA NSIP)	Total Service Expenditure	Program Income Received	OAA Title III Expenditures (\$) Part B	OAA Title III Expenditures (\$) Part C1	OAA Title III Expenditures (\$) Part C2	OAA Title III Expenditures (\$) Part D
1. Personal Care												
2. Homemaker												
3. Chore												
4. Home Delivered Meals												

States should report Expenditures as follows:

Title III Expenditure (includes Title IIIA NSIP)	Total Service Expenditure	Program Income Received	OAA Title III Expenditures (\$) Part B	OAA Title III Expenditures (\$) Part C1	OAA Title III Expenditures (\$) Part C2	OAA Title III Expenditures (\$) Part D
Report regular OAA expenditures including: <ul style="list-style-type: none"> - Regular OAA NSIP funds - Regular OAA funds (Title III-B, C, or D) Note: do NOT include ARP, Vaccine Access-VAC5, Supplemental 5-HDC5, FFCRA, CARES Act, regular OAA funds expended under a MDD or Title III-E expenditures here	Report Total expenditures including: <ul style="list-style-type: none"> - Regular OAA NSIP funds, - Regular OAA funds, - State general revenue and other sources (including state and local matching funds), - Program Income, - Regular OAA funds under the MDD flexibilities, - ARP, - Vaccine Access-VAC5, - Supplemental 5-HDC5, - FFCRA OAA funds, and - CARES Act OAA funds 	Report all program income collected for the service, regardless of funding source	Report regular OAA expenditures including: <ul style="list-style-type: none"> - Regular OAA funds Note: do NOT include ARP, Vaccine Access-VAC5, Supplemental 5-HDC5, FFCRA & CARES Act expenditures or regular OAA funds expended under a MDD here	Report regular OAA expenditures including: <ul style="list-style-type: none"> - Regular OAA funds Note: do NOT include ARP, Vaccine Access-VAC5, Supplemental 5-HDC5, FFCRA & CARES Act expenditures, regular OAA NSIP funds, or regular OAA funds expended under a MDD here	Report regular OAA expenditures including: <ul style="list-style-type: none"> - Regular OAA funds Note: do NOT include ARP, Vaccine Access-VAC5, Supplemental 5-HDC5, FFCRA & CARES Act expenditures, regular OAA NSIP funds, or regular OAA funds expended under a MDD here	Report regular OAA expenditures including: <ul style="list-style-type: none"> - Regular OAA funds Note: do NOT include ARP, Vaccine Access-VAC5, Supplemental 5-HDC5, FFCRA & CARES Act expenditures or regular OAA funds expended under a MDD here

Note: If regular Title III-E funds are used under MDD flexibilities for services reported on Section II.A, include the amount in the Total Service Expenditure and include the amount of Part E funds spent as a narrative entry on Section IV.A.

States should also make a narrative entry in Section IV.A regarding ARP, Vaccine Access-VAC5, Supplemental 5-HDC5, FFCRA and CARES Act expenditures by Part, as well as any funds expended when exercising flexibilities under a MDD.

FFY2021 Reporting Guidance: Client count and service units of COVID-19 supplemental grants and MDD flexibilities must be included in the SPR as appropriate on Sections II.A, II. B, II.C and/or II.E. Grantees must report the COVID-19 Supplemental and MDD flexibilities expenditure by service type in the Optional – FFY2021 SPR Supplemental Funds Template or report the information required in the narrative section (Section IV.A) in the State Reporting Tool (SRT).

Example:

State exercised MDD flexibilities and used the following funding sources for Home Delivered Meals:

- \$9m of regular OAA Title III Part C2 funding,
- \$250k of regular OAA NSIP funding,
- \$5m of state general revenue and other sources (including state and local matching funds),
- \$2m in Program Income,
- \$500k of regular OAA Title III-D funding under the MDD flexibilities,
- \$1m of regular OAA Title III-E funding under the MDD flexibilities,
- **\$3m in Supplemental 5-HDC5 funding,**
- \$6m in FFCRA OAA Title III Part C2 funding, and
- \$12m in CARES Act OAA Title III Part C2 funding

Title III Expenditure (includes Title IIIA NSIP)	Total Service Expenditure	Program Income Received	OAA Title III Expenditures (\$) Part B	OAA Title III Expenditures (\$) Part C1	OAA Title III Expenditures (\$) Part C2	OAA Title III Expenditures (\$) Part D
\$9,250,000	<p>Previous Amount \$35,750,000</p> <p>Current Amount \$38,750,000</p>	\$2,000,000			\$9,000,000	

The State should also make a narrative entry in Section IV.A regarding **ARP, Vaccine Access-VAC5, Supplemental 5-HDC5**, FFCRA and CARES Act expenditures by Part, as well as any funds expended when exercising flexibilities under a MDD. See Section IV.A, example 1 for more detail.

FFY2021 Reporting Guidance: Client count and service units of COVID-19 supplemental grants and MDD flexibilities must be included in the SPR as appropriate on Sections II.A, II. B, II.C and/or II.E. Grantees must report the COVID-19 Supplemental and MDD flexibilities expenditure by service type in the [Optional – FFY2021 SPR Supplemental Funds Template](#) or report the information required in the narrative section (Section IV.A) in the State Reporting Tool (SRT).

Section II.B & C Reporting

Services to Caregivers

States should include **ARP, Vaccine Access-VAC5, Supplemental 5-HDC5**, FFCRA, or CARES Act expenditures, as well as expenditures by States exercising flexibility under a major disaster declaration (MDD) for services reported under Section II.B & C.

States are encouraged to provide details about Supplemental Services provided to Caregivers Serving Elderly Individuals and to Grandparents and other Elderly Caregivers Providing Service to Children and Adults with Disabilities in terms of COVID response. ACL encourages states to provide detail on the number of

clients, units, and expenditures served via these Supplemental Services. **Note, the Optional – FFY2021 SPR Supplemental Funds Template includes a Notes column in Table 1 where client and service units can be reported; this information could also be reported in the narrative section (Section IV.A). Notes can be used to collect client and service units for Supplemental Services like home delivered meals and transportation provided to caregivers.**

The following are **ACL’s recommendations for how to report Supplemental Services under Section IV.A in the SPR**, with examples updated for how to report due to COVID response. This list is not exhaustive. These are the categories ACL identified as applicable given how services are being delivered related to COVID response.

Service Description / Name	Service Definition	Unit Name	Unit Definition	COVID Example
Homemaker -Delivery	Provision of assistance, including shopping for and delivery of groceries, prescriptions, or other supplies	Hour	The amount of time to provide assistance, including amount of time taken to drive to the store, shop, and deliver the groceries, prescriptions, or other supplies	Hours of staff or volunteer time to provide assistance, including delivery of groceries, prescriptions, or other supplies, not otherwise reported as Respite, to benefit a <i>family caregiver (whether used by the caregiver or by the care receiver)</i> . Note: Report the amount of time spent in providing the assistance and/or delivery that is not otherwise reported as Respite. If the program is purchasing groceries, supplies, or other items, please see Consumable Supplies definition below for reporting on items purchased.
Consumable Supplies	Provision of consumable supplies or material aid to benefit a family caregiver to meet basic necessities such as groceries, cleaning supplies, or continence items	Delivery	One delivery of assistance, regardless of the number of items in each delivery	Groceries, cleaning supplies, personal hygiene supplies (including soap, toothpaste, toilet paper, sanitary wipes, incontinence supplies), cell phone or internet access, or other items purchased to benefit a <i>family caregiver (whether used by the caregiver or by the care receiver)</i> . Note: Report purchasing groceries, supplies, cell phone or internet access or other items with program funds. For reporting the amount of time spent in providing the delivery, please see Homemaker-Delivery definition above.
Assistive Technology/ Durable Equipment/ Emergency Response	Durable Medical Equipment (chair lifts, wheelchairs, walkers, emergency response systems), anything given to or	Item	One item of assistance	Items such as tablet computers, cellphones, other technology or devices purchased to benefit a <i>family caregiver (whether used by the caregiver or by the care receiver)</i> . Note: Please report any expenditures related to cell phone or internet access plans under Consumable Supplies definition above.

Service Description / Name	Service Definition	Unit Name	Unit Definition	COVID Example
	lent on a short-term basis, including technology or equipment provided to benefit a family caregiver			Items may be reported here if providing the item itself is the service (e.g., a personal emergency response system) or if the item can easily be individually reported. If an item is already included as part of a direct service expenditure (e.g., a program includes a tablet computer as part of their larger program design and is reimbursed on a contracted unit rate basis), the expenditure for the item can be included in the other program's expenditure and does not have to be separately reported here.
Home Delivered Meal	A meal provided to benefit a family caregiver	Meal	One meal	Meals provided via home delivery, pick-up, carry-out or drive-through to benefit a family caregiver (whether used by the caregiver or by the care receiver).

Screenshot of Section II.B provided for reference:

Section II. Utilization and Expenditure Profiles
B. Title III-E Utilization, Expenditure, and Program Income Received Profile for Caregivers Serving Elderly Individuals

Caregiver Support Categories:	Title III-E Expenditures (Federal \$)	Total Service Expenditures (All Sources)	Program Income Received	# Caregivers Served	Units of Service	# of Providers (unduplicated)
Group 1				Unduplicated number of caregivers:		
1. Counseling/Support Groups Caregiver Training						
2. Respite Care						
3. Supplemental Services						
4. Self-Directed Care*						

States should report Expenditures as follows:

Title III-E Expenditure (Federal \$)	Total Service Expenditures (All Sources)	Program Income Received
Report regular OAA Title III-E expenditures - Note: do NOT include Regular OAA funding expended under a MDD, ARP, Vaccine Access-VAC5, Supplemental 5-HDC5 , FFCRA, or CARES Act expenditures here	Report Total expenditures including: <ul style="list-style-type: none"> - Regular OAA funding, - State general revenue and other sources (including state and local matching funds), - Program Income, - Regular OAA funding under the MDD flexibilities, - ARP, Vaccine Access-VAC5, Supplemental 5-HDC5, FFCRA OAA funding, and CARES Act OAA funding 	Report all program income collected for the service, regardless of funding source

Note: If Title III-B, C, or D funds are used under MDD flexibilities for services reported on Section II.B or C, there is no column by the Subparts. Just include the amount of Part B, C, or D funds spent as a narrative entry on Section IV.A.

States should also make a narrative entry in Section IV.A. regarding **ARP, Vaccine Access-VAC5, Supplemental 5-HDC5**, FFCRA, and CARES Act expenditures by Part, as well as any funds expended when exercising flexibilities under a MDD.

FFY2021 Reporting Guidance: Client count and service units of COVID-19 supplemental grants and MDD flexibilities must be included in the SPR as appropriate on Sections II.A, II. B, II.C and/or II.E. Grantees must report the COVID-19 Supplemental and MDD flexibilities expenditure by service type in the [Optional – FFY2021 SPR Supplemental Funds Template](#) or report the information required in the narrative section (Section IV.A) in the State Reporting Tool (SRT).

Example:

State exercised MDD flexibilities and used the following funding sources for Supplemental Services:

- \$4m of regular OAA Title III Part E funding,
- \$3m of state general revenue and other sources (including state and local matching funds),
- \$1m in Program Income,
- \$500k of OAA Title III-D funding under the MDD flexibilities,
- \$1m of OAA Title III-B funding under the MDD flexibilities, and
- \$2m in CARES Act OAA Title III Part E funding.

Title III-E Expenditure (Federal \$)	Total Service Expenditures (All Sources)	Program Income Received
\$4,000,000	\$11,500,000	\$1,000,000

The State should also make a narrative entry in Section IV.A regarding **ARP, Vaccine Access-VAC5, Supplemental 5-HDC5**, FFCRA, and CARES Act expenditures by Part, any funds expended when exercising flexibilities under a MDD, and any detail regarding Supplemental Services provided. See Section IV.A, example 2 for more detail.

FFY2021 Reporting Guidance: Client count and service units of COVID-19 supplemental grants and MDD flexibilities must be included in the SPR as appropriate on Sections II.A, II. B, II.C and/or II.E. Grantees must report the COVID-19 Supplemental and MDD flexibilities expenditure by service type in the Optional – FFY2021 SPR Supplemental Funds Template or report the information required in the narrative section (Section IV.A) in the State Reporting Tool (SRT).

Section II.E Reporting Services to Older Adults

The following are **ACL’s recommendations for how to report services under Section II.E Other Services in the SPR**, with examples updated for how to report due to COVID response. This list is not exhaustive. These are the categories ACL identified as applicable given how services are being delivered related to COVID response.

Service Description / Name	Service Definition	Unit Name	COVID Unit Definition	COVID Example
Consumable Supplies	Provision of consumable supplies or material aid to an older adult to meet basic necessities such as groceries, cleaning supplies, or continence items	Delivery	One delivery of assistance, regardless of the number of items in each delivery	Groceries, cleaning supplies, personal hygiene supplies (including soap, toothpaste, toilet paper, sanitary wipes, incontinence supplies), cell phone or internet access, or other items purchased for use by an <i>older adult</i> . Note: Report purchasing groceries, supplies, cell phone or internet access or other items with program funds. For reporting the amount of time spent in providing the delivery, please see Homemaker definition above.
Assistive Technology/ Durable Equipment/ Emergency Response	Durable Medical Equipment (chair lifts, wheelchairs, walkers, emergency response systems), anything given to or lent on a short-term basis, including technology or equipment provided for use by an older adult in their home to maintain safety, allow for socialization, and/or	Item	One item of assistance	Items such as tablet computers, cellphones, other technology or devices purchased for use by an <i>older adult</i> . Note: Please report any expenditures related to cell phone or internet access plans under Consumable Supplies definition above. Items may be reported here if providing the item itself is the service (e.g. a personal emergency response system) or if the item can easily be individually reported. If an item is already included as part of a direct service expenditure (e.g., a program includes a tablet computer

Service Description / Name	Service Definition	Unit Name	COVID Unit Definition	COVID Example
	promote participation in activities from the older adult's home			their larger program design and is reimbursed on a contracted unit rate basis), the expenditure for the item can be included in the other program's expenditure and does not have to be separately reported here.
Other Fitness / Health Promotion	Non-evidence based program services that include health screenings and assessments; organized physical fitness activities; medication management; home injury control services; and/or information, education, and prevention strategies for chronic disease and other health conditions	Session	Session per participant	Sessions provided in-person or virtually to conduct an exercise program or health education activity. Note: Please report Nutrition Education, Nutrition Counseling, Health Promotion and Disease Prevention (evidence-based), etc. under their normal categories. Use this category only if there is no more appropriate place to report.
Individual Socialization	Individualized contact between two people via phone, text, email, webinar, video chat, or other means to provide a well-being check, reassurance, and/or socialization to an older adult or family caregiver	Contact	One individualized contact, regardless of length of contact; the older adult should be reached and spoken to in order for the contact to be counted	Contacts by staff or volunteers between two people via phone, text, email, webinar, video chat, or other means to provide a well-being check, reassurance, and/or socialization to an older adult. Note: Use this category only if there is no more appropriate place to report.
Group Socialization	Contact among more than two people via phone, text, email, webinar, video chat, or other means to provide reassurance and/or socialization to older adults	Contact	One group contact, regardless of length of contact	Contacts by staff or volunteers among more than two people via phone, text, email, webinar, video chat, or other means to provide reassurance and/or socialization to older adults. Note: Use this category only if there is no more appropriate place to report.
Public Information	An activity that involves contact with multiple current or potential clients or caregivers (e.g., publications,	Activity	Information put together and shared (one post of information would	Activity by staff or volunteers in putting together a social media post, radio, or automated call announcement that is shared with the broader community regarding how you are providing services during COVID.

Service Description / Name	Service Definition	Unit Name	COVID Unit Definition	COVID Example
	publicity campaigns, and other mass media activities)		count as an activity)	
Senior Center	A community facility for the organization and provision of a broad spectrum of services, which shall include provision of health (including mental and behavioral health), social, nutritional, and educational services and the provision of facilities for recreational activities for older individuals.	May vary	May vary	Service units may vary as allowed by state and may include in-person or virtual service provision. Note: Use this category only if there is no more appropriate place to report. States may report expenditures like rent and utilities for vacant senior centers under senior centers to reflect such expenditures resulting from COVID response needs. Such expenditures may be described in Section IV.A.

Screenshot of Section II.E provided for reference:

SECTION II. Utilization and Expenditures Profiles
E. Other Services Profile

State ID: _____ Fiscal Year: _____

Service Name (Up to 30 Characters)	Service Unit Name (Up to 15 characters)	Mission/ Purpose Category	OAA Service Expenditure Amount	Total Service Expenditure Amount	Estimated Unduplicated Persons Served	Estimated Service Units
1.						
2.						
3.						

States should report Expenditures as follows:

OAA Service Expenditure Amount	Total Service Expenditure Amount
Report regular OAA expenditures including: <ul style="list-style-type: none"> - Regular OAA Title III-B, C, or D funding - Note: do NOT include Title III-E, ARP, Vaccine Access-VAC5, Supplemental 5-HDC5, FFCRA or CARES Act expenditures, or regular OAA funds expended under a MDD here 	Report Total expenditures including: <ul style="list-style-type: none"> - Regular OAA funding, - State general revenue and other sources (including state and local matching funds), - Program Income, - Regular OAA funding under the MDD flexibilities, - ARP, - Vaccine Access-VAC5, - Supplemental 5-HDC5, - FFCRA OAA funding, and - CARES Act OAA funding

Note: Program Income Received is not reported on Section II.E, but is cumulatively reported for Other Services on Section II.A. The State should also make a narrative entry in Section IV.A regarding **ARP, Vaccine Access-VAC5, Supplemental 5-HDC5**, FFCRA, and CARES Act expenditures by Part and any funds expended when exercising flexibilities under a MDD for services reported under Section II.E.

Example:

State exercised MDD flexibilities and used the following funding sources for Consumable Supplies:

- \$4m of regular OAA Title III Part B funding,
- \$3m of state general revenue and other sources (including state and local matching funds),
- \$1m in Program Income,
- \$500k of OAA Title III-E funding under the MDD flexibilities, and
- \$2m in CARES Act OAA Title III Part B funding.

OAA Service Expenditure Amount	Total Service Expenditure Amount
\$4,000,000	\$10,500,000

The State should also make a narrative entry in Section IV.A regarding FFCRA and CARES Act expenditures by Part and any funds expended when exercising flexibilities under a MDD. See Section IV.A, example 3 for more detail.

FFY2021 Reporting Guidance: Client count and service units of COVID-19 supplemental grants and MDD flexibilities must be included in the SPR as appropriate on Sections II.A, II. B, II.C and/or II.E. Grantees must report the COVID-19 Supplemental and MDD flexibilities expenditure by service type in the [Optional – FFY2021 SPR Supplemental Funds Template](#) or report the information required in the narrative section (Section IV.A) in the State Reporting Tool (SRT).

Section IV.A Reporting

Services to Older Adults & Services to Caregivers

Section IV.A Developmental Accomplishments for Home and Community Based Services includes space for states to provide narrative descriptions by Service. States should make a narrative entry in Section IV.A. regarding any use of any funds expended when exercising flexibilities under a MDD or with FFCRA or CARES Act funds by Part.

States are encouraged to provide details about services provided in COVID response as a narrative entry in Section IV.A.

Update for FFY2021: Client count and service units of COVID-19 supplemental grants and MDD flexibilities must be included in the SPR as appropriate on Sections II.A, II. B, II.C and/or II.E. Grantees must report the COVID-19 Supplemental and MDD flexibilities expenditure by service type by submitting the [Optional – FFY2021 SPR Supplemental Funds Template](#) or report the information required in the narrative section (Sections IV.A) in the State Reporting Tool (SRT).

Example 1 (expenditures reported on Section II.A):

State exercised MDD flexibilities and FFCRA and CARES Act funding for \$38.75m of Total Expenditures on Home Delivered Meals:

- \$9m of regular OAA Title III Part C2 funding,
- \$250k of OAA NSIP funding,
- \$5m of state general revenue and other sources (including state and local matching funds),
- \$2m in Program Income,
- \$500k of OAA Title III-D funding under the MDD flexibilities,
- \$1m of OAA Title III-E funding under the MDD flexibilities,
- **\$3m of Supplemental 5-HDC5 funding,**
- \$6m in FFCRA OAA Title III Part C2 funding, and
- \$12m in CARES Act OAA Title III Part C2 funding.
- **FFY2021 example only: an additional \$1m on services to 1,000 clients for 100,000 meals with ARP OAA Title III Part C2 funding, increasing Total Expenditures to \$39.75m for FFY2021.**

FFY2020 Reporting Guidance:

State provided **1,500,000 meals** for 10,000 new clients as part of its COVID response for a Total Expenditure of \$15,000,000. State provided 2,200,000 meals to 20,000 regular clients outside of its COVID response for a Total Expenditure of \$22,000,000. State made \$1,750,000 in capital expenditures to purchase delivery vehicles and walk-in coolers.

FFY2021 Reporting Guidance:

Client count and service units of COVID-19 supplemental grants and MDD flexibilities must be included in the SPR as appropriate on Sections II.A, II. B, II.C and/or II.E. Grantees must report the COVID-19 Supplemental and MDD flexibilities expenditure by service type in the Optional – FFY2021 SPR Supplemental Funds Template or report the information required in the narrative section (Section IV.A) in the State Reporting Tool (SRT).

- SPR Reporting: 31,000 total clients (assuming clients are unduplicated), 3,800,000 total meals, \$39,750,000 total expenditures reported on Section II.A.
- Optional template Table 1 or narrative section (Section IV.A): Expenditures by service by COVID-19 Supplemental funds and MDD flexibilities (see screenshot).
- Optional template Table 2 or narrative section (Section IV.A): Expenditures by capital expenditures by COVID-19 Supplemental funds and MDD flexibilities (see screenshot).

Screenshot of example 1 Home Delivered Meals - Table 1: Service-Specific Expenditures provided for reference:

Population Served: Older Adults													
Service Type	Other Services Description	Amount of Funding: FFCRA	Amount of Funding: CARES Act	Amount of Funding: Supplemental S (HDCS)	Amount of Funding: VACS	Amount of Funding: ARP	Amount of Funding: III-B MDD	Amount of Funding: III-C MDD	Amount of Funding: III-D MDD	Amount of Funding: III-E MDD	Amount of Funding: VII MDD	Total Funding	Total Service Expenditure
Personal Care												\$ -	
Homemaker												\$ -	
Chore												\$ -	
Home Delivered Meals		\$ 6,000,000	\$ 12,000,000	\$ 3,000,000		\$ 1,000,000			\$ 500,000	\$ 1,000,000		\$ 23,500,000	\$ 39,750,000
Adult Day Care/ Health												\$ -	
Case Management												\$ -	

Screenshot of example 1 Home Delivered Meals - Table 2: Capital Expenditures provided for reference:

Table 2: Capital Expenditures														
Expenditure Type (e.g., rent, vehicles, furloughed employee salary, etc.)	Description	Amount of Funding: FFCRA	Amount of Funding: CARES Act	Amount of Funding: Supplemental 5 (HDC5)	Amount of Funding: VACS	Amount of Funding: ARP	Amount of Funding: III-B MDD	Amount of Funding: III-C MDD	Amount of Funding: III-D MDD	Amount of Funding: III-E MDD	Amount of Funding: VII MDD	Total Funding	Total Expenditure	
Delivery Vehicles	Home Delivered Meals	\$ 500,000.00	\$ 500,000.00									\$ 1,000,000.00	\$ 1,200,000.00	
Walk-in Coolers	Home Delivered Meals			\$ 100,000.00								\$ 100,000.00	\$ 550,000.00	
												\$ -		
												\$ -		
												\$ -		

Example 2 (expenditures reported on Section II.B or II.C):

State exercised MDD flexibilities and CARES Act funding for \$11.5m of Total Expenditures on Supplemental Services:

- \$4m of regular OAA Title III Part E funding,
- \$3m of state general revenue and other sources (including state and local matching funds),
- \$1m in Program Income,
- \$500k of OAA Title III-D funding under the MDD flexibilities,
- \$1m of OAA Title III-B funding under the MDD flexibilities, and
- \$2m in CARES Act OAA Title III Part E funding.
- **FFY2021 example only: \$1m in VAC5 funding for 10,000 service units of transportation to 5,000 clients, increasing total Expenditures to \$12.5 for FFY2021.**

FFY2020 Reporting Guidance:

Homemaker-Delivery – 10,000 clients, 120,000 units, \$2,500,000 Expenditures. State provided weekly shopping and grocery delivery for 12 weeks to family caregivers.

Consumable Supplies – 10,000 clients, 150,000 units, \$7,500,000 Expenditures. State provided \$50 in supplemental groceries and household supplies each week for 12 weeks for 10,000 clients. State also provided 30,000 units of monthly internet access (10,000 clients for 3 months).

Assistive Technology/ Durable Equipment/ Emergency Response – 10,000 clients, 10,000 units, \$1,500,000 Expenditures. State provided tablet computers to 10,000 caregivers to enable the caregivers to participate in caregiver support groups and interact with the older adults for whom they are caregiving.

FFY2021 Reporting Guidance:

Client count and service units of COVID-19 supplemental grants and MDD flexibilities must be included in the SPR as appropriate on Sections II.A, II. B, II.C and/or II.E. Grantees must report the COVID-19 Supplemental and MDD flexibilities expenditure by service type in the Optional – FFY2021 SPR Supplemental Funds Template or report the information required in the narrative section (Section IV.A) in the State Reporting Tool (SRT).

- **SPR Reporting: 35,000 total clients (assuming clients by Supplemental Services Service Description / Name are unduplicated), 290,000 total units, \$12,500,000 total expenditures reported on Section II.B or II.C.**

- Optional template Table 1 or narrative section (Sections IV.A): Expenditures by service by COVID-19 Supplemental and MDD flexibilities.

Screenshot of example 2 Supplemental Services - Table 1: Service-Specific Expenditures provided for reference:

Population Served: Caregivers of Older Adults														
Service Type	Other Services Description	Amount of Funding: FFCRA	Amount of Funding: CARES Act	Amount of Funding: Supplemental 5 (HDCS)	Amount of Funding: VACS	Amount of Funding: ARP	Amount of Funding: III-B MDD	Amount of Funding: III-C MDD	Amount of Funding: III-D MDD	Amount of Funding: III-E MDD	Amount of Funding: VII MDD	Total Funding	Total Service Expenditure	Notes
Counseling/ Support Groups/ Caregiver Training												\$ -		
Respite Care												\$ -		
Self-Direct Care												\$ -		
Access Assistance												\$ -		
Information Services												\$ -		
Supplemental Services (Total)		\$ -	\$ 2,000,000.00	\$ -	\$ 1,000,000.00	\$ -	\$ 1,000,000.00	\$ -	\$ 500,000.00	\$ -	\$ -	\$ 4,500,000.00		
Supplemental Description	Home Delivered Meal											\$ -		
Supplemental Description	Homemaker		\$ 2,000,000.00									\$ 2,000,000.00	\$ 2,500,000.00	Shopping delivery to 10,000 clients, 120,000 units
Supplemental Description	Transportation				\$ 1,000,000.00							\$ 1,000,000.00	\$ 1,000,000.00	5,000 clients, 10,000 units
Supplemental Description	Legal Assistance											\$ -		
Supplemental Description	Consumable Supplies						\$ 1,000,000.00					\$ 1,000,000.00	\$ 7,500,000.00	10,000 clients, received 120,000 units of groceries & supplies and 30,000 units of internet access
Supplemental Description	Home Modifications											\$ -		
Supplemental Description	Assistive Technology/ Durable Equipment/ Emergency Response								\$ 500,000.00			\$ 500,000.00	\$ 1,500,000.00	10,000 clients, 10,000 units of tablet computers
Supplemental Description	Other											\$ -		

Example 3 (expenditures reported on Section II.E):

State exercised MDD flexibilities and CARES Act funding for \$10.5m of Total Expenditures on Consumable Supplies:

- \$4m of regular OAA Title III Part B funding,
- \$3m of state general revenue and other sources (including state and local matching funds),
- \$1m in Program Income,
- \$500k of OAA Title III-E funding under the MDD flexibilities, and
- \$2m in CARES Act OAA Title III Part B funding.

- FFY2021 example only: \$500k in ARP Title III Part B funding using MDD flexibilities for an additional 5,000 units to an additional 5,000 clients, increasing Total Expenditures to \$11m for FFY2021.

FFY2020 Reporting Guidance:

Consumable Supplies – 10,000 clients, 150,000 units, \$7,500,000 Expenditures. State provided \$50 in supplemental groceries and household supplies each week for 12 weeks for 10,000 clients (120,000 units, \$6,000,000 Total Expenditures). State also provided 30,000 units of monthly internet access for 10,000 clients for 3 months (30,000 units, \$1,500,000 Total Expenditures).

Update for FFY2021:

Client count and service units of COVID-19 supplemental grants and MDD flexibilities must be included in the SPR as appropriate on Sections II.A, II. B, II.C and/or II.E. Grantees must report the COVID-19 Supplemental and MDD flexibilities expenditure by service type in the Optional – FFY2021 SPR Supplemental Funds Template or report the information required in the narrative section (Section IV.A) in the State Reporting Tool (SRT).

- SPR Reporting: Consumable Supplies - 15,000 total clients, 155,000 total units, \$11,000,000 total expenditures reported on Section II.E..
- Optional template Table 1 or narrative section (Section IV.A): Expenditures by service by COVID-19 Supplemental and MDD flexibilities.

Screenshot of example 3: Consumable Supplies - Table 1: Service-Specific Expenditures provided for reference:

	A	B	C	D	E	F	G	H	I	J	K	L	M	N
1	Table 1: Service-Specific Expenditures													
2	Population Served: Older Adults													
3	Service Type	Other Services Description	Amount of Funding: FFCRA	Amount of Funding: CARES Act	Amount of Funding: Supplemental 5 (HDCS)	Amount of Funding: VACS	Amount of Funding: ARP	Amount of Funding: III-B MDD	Amount of Funding: III-C MDD	Amount of Funding: III-D MDD	Amount of Funding: III-E MDD	Amount of Funding: VII MDD	Total Funding	Total Service Expenditure
19	Other Services (Total)		\$ -	\$ 2,000,000.00	\$ -	\$ -	\$ 500,000.00	\$ -	\$ -	\$ -	\$ 500,000.00	\$ -	\$ 3,000,000.00	
20	Counseling												\$ -	
21	Consumable Supplies			\$ 2,000,000.00			\$ 500,000.00				\$ 500,000.00		\$ 3,000,000.00	\$ 11,000,000.00
22	Assistive Technology/ Durable Equipment/ Other Fitness/ Health Promotion												\$ -	
23	Individual Socialization												\$ -	
24													\$ -	

APPENDIX

Program Reporting Guidance – COVID Response

ACL Title III Older Americans Act – State Program Report (SPR) – Service Overview

ACL is not creating any new timeframes, service definitions, or new data elements for reporting. ACL is giving guidance and examples for states to use the existing SPR requirements and State Reporting Tool (SRT) system to report COVID response activities. Due to COVID response, ACL understands that clients, service units, expenditures, and expenditures per unit will differ greatly from prior year SPR reports. ACL asks states to do their best under challenging conditions to include detail on how COVID has affected program operations via narrative information reported on Section IV.A of the SPR and variance explanations, as appropriate. Please see the complete Reporting Guidance document for more detail.

The following are **existing SPR service names or recommended categories for Other Services and Supplemental Services**, with examples updated for how to report due to COVID response. This list is not exhaustive. These are the categories ACL identified as applicable given how services are being delivered related to COVID response:

Services to Elderly Individuals

Existing SPR Definitions

Service Name	Where reported on SPR	COVID Example
Home Delivered Meal	Sections I.A, I.C, I.D, II.A	Meals provided via home delivery, pick-up, carry-out or drive-through. Note: Please report all home delivered meals regardless of whether or not the meals meet DRI/DGA requirements. ACL anticipates that most meals related to COVID response will be reported as home delivered meals. Additionally, states may report capital expenditures like delivery vehicles and walk in coolers under home delivered meals to reflect such expenditures to meet COVID response needs. Such capital expenditures may be described in Section IV.A.
Congregate Meal	Sections I.A, I.B II.A	Meals provided in a congregate or group setting and eaten with another person (in-person or virtually), such as coordinating a buddy system or virtual congregate site via Zoom, FaceTime, GoToMeeting, etc. where people dine together. Note: States may report expenditures like rent and utilities for vacant congregate sites under congregate meals to reflect such expenditures resulting from COVID response needs. Such expenditures may be described in Section IV.A.
Nutrition Education	Sections I.A, II.A	Sessions, including distribution of printed materials, provided in-person or virtually by conducting a group call or online meeting (via phone, text, email, webinar, video chat, or other means) around how to continue to eat healthy and stay physically active during COVID.
Nutrition Counseling	Sections I.A, I.B II.A	Sessions provided in-person or virtually to counsel older adults on an individual basis (via phone, email, video chat, or other means) about how to maintain healthy eating habits based on their health conditions during COVID.
Homemaker	Sections I.A, I.C, I.D, II.A	Hours of staff or volunteer time to provide assistance, including delivery of groceries, prescriptions, or other supplies to client's residence. Note: Report the amount of time spent in providing the assistance and/or delivery. If the program is purchasing groceries, supplies, or other items, please see Consumable Supplies definition below for reporting on items purchased.

Recommended Service Category for Reporting of Other Services

Service Name	Where reported on SPR	COVID Example
Consumable Supplies	Sections I.A, II.A, II.E	Groceries, cleaning supplies, personal hygiene supplies (including soap, toothpaste, toilet paper, sanitary wipes, incontinence supplies), cell phone or internet access, or other items purchased for use by an <i>older adult</i> . Note: Report purchasing groceries, supplies, cell phone or internet access or other items with program funds. For reporting the amount of time spent in providing the delivery, please see Homemaker definition above.
Assistive Technology/ Durable Equipment/ Emergency Response	Sections I.A, II.A, II.E	Items such as tablet computers, cellphones, other technology or devices purchased for use by an <i>older adult</i> . Note: Please report any expenditures related to cell phone or internet access plans under Consumable Supplies definition above. Items may be reported here if providing the item itself is the service (e.g., a personal emergency response system) or if the item can easily be individually reported. If an item is already included as part of a direct service expenditure (e.g., a program includes a tablet computer as part of their larger program design and is reimbursed on a contracted unit rate basis), the expenditure for the item can be included in the other program’s expenditure and does not have to be separately reported here.
Other Fitness / Health Promotion	Sections I.A, II.A, II.E	Sessions provided in-person or virtually to conduct an exercise program or health education activity. Note: Please report Nutrition Education, Nutrition Counseling, Health Promotion and Disease Prevention (evidence-based), etc. under their normal categories. Use this category only if there is no more appropriate place to report.
Individual Socialization	Sections I.A, II.A, II.E	Contacts by staff or volunteers between two people via phone, text, email, webinar, video chat, or other means to provide a well-being check, reassurance, and/or socialization to an older adult. Note: Use this category only if there is no more appropriate place to report.
Group Socialization	Sections I.A, II.A, II.E	Contacts by staff or volunteers among more than two people via phone, text, email, webinar, video chat, or other means to provide reassurance and/or socialization to older adults. Note: Use this category only if there is no more appropriate place to report.
Public Information	Sections I.A, II.A, II.E	Activity by staff or volunteers in putting together a social media post, radio, or automated call announcement that is shared with the broader community regarding how you are providing services during COVID.
Senior Center	Sections I.A, II.A, II.E	Service units may vary as allowed by state and may include in-person or virtual service provision. Note: Use this category only if there is no more appropriate place to report. States may report expenditures like rent and utilities for vacant senior centers under senior centers to reflect such expenditures resulting from COVID response needs. Such expenditures may be described in Section IV.A.

Services to Caregivers

Recommended Service Category for Reporting of Supplemental Services

Service Name	Where reported on SPR	COVID Example
Consumable Supplies	Sections I.E or I.F, II.B or II.C, IV.A	<p>Groceries, cleaning supplies, personal hygiene supplies (including soap, toothpaste, toilet paper, sanitary wipes, incontinence supplies), cell phone or internet access, or other items purchased to benefit a <i>family caregiver (whether used by the caregiver or by the care receiver)</i>.</p> <p>Note: Report purchasing groceries, supplies, cell phone or internet access or other items with program funds. For reporting the amount of time spent in providing the delivery, please see Homemaker definition above.</p>
Assistive Technology/ Durable Equipment/ Emergency Response	Sections I.E or I.F, II.B or II.C, IV.A	<p>Items such as tablet computers, cellphones, other technology or devices purchased to benefit a <i>family caregiver (whether used by the caregiver or by the care receiver)</i>.</p> <p>Note: Please report any expenditures related to cell phone or internet access plans under Consumable Supplies definition above.</p> <p>Items may be reported here if providing the item itself is the service (e.g., a personal emergency response system) or if the item can easily be individually reported. If an item is already included as part of a direct service expenditure (e.g., a program includes a tablet computer as part of their larger program design and is reimbursed on a contracted unit rate basis), the expenditure for the item can be included in the other program’s expenditure and does not have to be separately reported here.</p>
Homemaker-Delivery	Sections I.E or I.F, II.B or II.C, IV.A	<p>Hours of staff or volunteer time to provide assistance, including delivery of groceries, prescriptions, or other supplies, not otherwise reported as Respite, to benefit a <i>family caregiver (whether used by the caregiver or by the care receiver)</i>.</p> <p>Note: Report the amount of time spent in providing the assistance and/or delivery that is not otherwise reported as Respite. If the program is purchasing groceries, supplies, or other items, please see Consumable Supplies definition below for reporting on items purchased.</p>
Home Delivered Meal	Sections I.E or I.F, II.B or II.C, IV.A	<p>Meals provided via home delivery, pick-up, carry-out or drive-through to benefit a <i>family caregiver (whether used by the caregiver or by the care receiver)</i>.</p>