



June 7, 2022

Title: Guidance for Reporting Services Provided to Older Adults for the State Performance Report (SPR) in the Older Americans Act Performance System (OAAPS) in Response to the COVID Pandemic

Overview:

The Administration for Community Living (ACL) awarded COVID supplemental grant funds and provided guidance on the availability of flexibilities during a Major Disaster Declaration (MDD) to State Units on Aging (SUA) to assist with responding to the needs of older adults and their families and caregivers during the COVID pandemic. The COVID supplemental grant funds that relate to this document include Title III American Rescue Plan (ARP), i.e. 2101XXSSC6/CMC6/HDC6/PHC6/FCC6 including Public Health Workforce grants (PHW), i.e. 2101XXSTPH, Vaccine Access-VAC5, i.e. 2101XXVAC5, Nutrition Supplemental 5-HDC5, i.e. 2101XXHDC5, Title III Families First Coronavirus Response Act, i.e. 2001XXHDC2/CMC2 (FFCRA), and Title III CARES Act supplemental grant funds, i.e. 2001XXSSC3/HDC3/FCC3 (collectively hereafter referred to as “COVID supplemental funding”).

Purpose:

ACL is issuing this programmatic reporting guidance to assist states with reporting (in OAAPS) OAA services/activities commonly provided in response to the COVID pandemic and sustainability beyond. ACL intends to use the data collected to show accountability for the supplemental funding received and MDD flexibilities utilized, as well as to demonstrate the scope and reach of the aging network’s involvement in the COVID response. ACL thanks the members of the national aging network for their efforts to report accurate, complete data regarding services for older adults and family caregivers.

Reporting Guidance:

COVID Response Examples/Activities:

Examples of COVID related services/activities and the corresponding data element for reporting the service/activity in the OAAPS are listed in [Appendix A](#) of this document. The examples are not an exhaustive list. SUAs should contact the OAAPS helpdesk at OAAPSHelpdesk@acl.hhs.gov and copy their [ACL Regional Administrator](#) with additional questions about where to report OAA services/activities as needed.

COVID Supplemental Funding Required Reporting:

SUAs must report all SPR data requirements in OAAPS for COVID supplemental and MDD flexibility funding, which includes client and service units by service. **Covid supplemental funding and MDD flexibilities should be reported in the expenditure category “other: non-state expenditures” in OAAPS.** Additionally, the SUAs must report detailed expenditures by COVID supplemental funding source and MDD flexibilities in an upload in OAAPS by either uploading the [Optional – FFY2022 SPR Supplemental Funds Template](#) into OAAPS or uploading a document with the required expenditure information by COVID supplemental funding source and MDD flexibilities. ACL is not requiring SUAs to report client and service units separately by COVID supplemental funding source or MDD flexibilities in the **Optional – FFY2022 SPR Supplemental Funds Template** or upload, however the SUA has the option to report additional client and service units in the notes column of the **Optional – FFY2022 SPR Supplemental Funds Template** by funding source.

The **Optional – FFY2022 SPR Supplemental Funds Template** has multiple Tables. See [Appendix B](#) of this document for additional information.

Vaccine Access for the Aging Network (VAC5) Reporting Guidance:

VAC5 grant 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](#). VAC5 grants should be reported in the OAAPS as “other: non-state expenditure” and in the **Optional – FFY2022 SPR Supplemental Funds Template** into OAAPS or upload a document with the required expenditure information in the VAC5 funding source.

Public Health Workforce (PHW) Reporting Guidance:

The ARP provided PHW funding to recruit, hire, and train public health professionals to respond to the COVID pandemic and prepare for future public health challenges. PHW funded salaries and wages for OAAPS reportable activities for direct services should be reported in OAAPS. However, if the salaries and wages for PHW activities were not used for OAAPS reportable activities, expenditures should not be reported in OAAPS.

SUAs should use the tab titled “Public Health Workforce” of the **Optional – FFY2022 SPR Supplemental Funds Template** to report the number of full-time and part time equivalents (FTEs), type of public health professional(s) hired, and the activities they are engaged in to advance public health. Alternatively, SUAs may upload a document with the required information into the OAAPS. SUAs should use the definition of Full Time Employee and Part Time Employee as defined in the SPR Appendix A to determine reporting. Full Time Employee is defined as persons who works 35 hours or more per week in a compensated, paid, position as of September 30th of the reporting year, federal fiscal year. Part Time Employee is defined as persons who works less than 35 hours per week in a compensated, paid, position as of September 30th of the reporting year, federal fiscal year. See [Appendix C](#) of this document for an example of the annual data reporting required for the PHW grant.

FFY2022 NSIP Reporting:

The COVID pandemic has completely skewed traditional meal service and meal counts. As a result, States are not required to report NSIP meal counts in OAAPS for FFY 2022 and ACL is holding harmless meal counts from FFY2019 and will apply them to FFY2023 NSIP grant award allocations.

Additional Resources:

[SPR Appendix A](#)

[Previous Reporting Guidance](#)

[MDD Flexibilities Guidance](#)

[PHWF Info/Guidance](#)

[Nutrition Funding Flexibilities](#)

[Nutrition Reopening Considerations](#)

Appendix A

Select SPR Data Elements, Service Definitions, Service Units and Examples of Services/Activities Commonly Provided in Response to the COVID Pandemic

Data Element	Definition	Service Unit
Congregate Nutrition	<p>A meal provided by a qualified nutrition project provider to a qualified individual in a congregate or group setting. The meal is served in a program that is administered by SUAs and/or AAAs and meets all the requirements of the Older Americans Act and State/Local laws. Meals provided to individual through means-tested programs may be included. (Source: OAA).</p> <p>COVID Example: 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.</p> <p>SUAs may report expenditures like rent and utilities for vacant congregate sites and/or purchase items such as vehicles, hot and cold holding units etc. under congregate meals to reflect such expenditures resulting from COVID response and sustainability needs. Such expenditures may be described in the notes section of the FFY 2022 SPR Supplemental Funds Template.</p> <p>Note: Please report all congregate nutrition meals regardless of whether the meals meet DRI/DGA requirements.</p>	Meal
Health Promotion: Non-Evidence Based	<p>Health promotion and disease prevention activities that do not meet ACL/AoA’s definition for an evidence-based program as defined at the ACL website. Activities may include those defined in the OAA (Section 102(14)) for example:</p> <p>(A) health risk assessments; (B) routine health screening; (C) nutritional counseling and educational services for individuals and their primary caregivers¹; ²(D) programs regarding physical fitness, group exercise, and music therapy, art therapy, and dance-movement therapy; (E) home injury control services; (F) screening for the prevention of depression, coordination of community mental and behavioral health services, provision of educational activities, and referral to psychiatric and psychological services; (G) educational programs on the availability, benefits, and appropriate use of preventive health services covered under title XVIII of the Social</p>	N/A

¹ For State Performance Report (SPR) purposes, nutrition counseling and education shall be captured under those specific service categories rather than under health promotion and disease prevention services.

² OAA Section 102(14)(D) has been deleted from this definition as it refers to the evidence-based programs that are reported elsewhere.

	<p>Security Act (42 U.S.C. 1395 et seq.); (H) medication management screening and education; (I) information concerning diagnosis, prevention, treatment, and rehabilitation concerning age-related diseases and chronic disabling conditions; (J) gerontological counseling; and (K) counseling regarding social services and follow-up health services based on any of the services described in subparagraphs (A) through (K). The term shall not include services for which payment may be made under titles XVIII and XIX of the Social Security Act (42 U.S.C. 1395 et seq., 1396 et seq.). (Source: OAA)</p> <p>COVID Example: Sessions provided in-person or virtually to conduct an exercise program or health education activity.</p> <p>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.</p>	
<p>Home Delivered Nutrition</p>	<p>A meal provided to a qualified individual in his/her place of residence. The meal is served in a program that is administered by SUAs and/or AAAs and meets all the requirements of the Older Americans Act and State/Local laws. Meals provided to individual through means-tested programs may be included. (Source: OAA)</p> <p>COVID Example: Meals provided to be consumed in a person’s place of residence via home delivery, pick-up, carry-out or drive-through.</p> <p>Note: Please report all home delivered nutrition meals regardless of whether the meals meet DRI/DGA requirements. SUAs may report rent and utilities and/or purchase of items such as vehicles, hot and cold holding units etc. under home delivered nutrition to reflect such expenditures to meet COVID response and sustainability needs. Such expenditures may be described in the notes section of the FFY 2022 SPR Supplemental Funds Template.</p>	<p>Meal</p>
<p>Homemaker</p>	<p>Performance of light housekeeping tasks provided in a person’s home and possibly other community settings. Task may include preparing meals, shopping for personal items, managing money, or using the telephone in addition to light housework. (Source: HCBSTaxonomy)</p> <p>COVID Example: Hours of staff or volunteer time to aid, including delivery of groceries, prescriptions, or other supplies to client’s residence.</p> <p>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 the Other Services definition below for reporting on items purchased.</p>	<p>Hours (partial hour may be reported to two decimal places, e.g. 0.25 hours.)</p>

<p>Information Services (public) (Caregiver)</p>	<p>A public and media activity that conveys information to caregivers about available services, which can include an in-person interactive presentation to the public conducted; a booth/exhibit at a fair, conference, or other public event; and a radio, TV, or Web site event. (Source: SHIP)</p> <p>Unlike Information and Assistance, this service is not tailored to the needs of the individual.</p> <p>COVID Example: Activity by staff or volunteers in putting together a social media post, radio, or automated call announcement that is shared with caregivers or the care recipients regarding how you are providing services during COVID.</p>	<p>Activity</p>
<p>Nutrition Counseling</p>	<p>A standardized service as defined by the Academy of Nutrition & Dietetics (AND) that provides individualized guidance to individuals who are at nutritional risk because of their health or nutrition history, dietary intake, chronic illness, or medication use, or to caregivers. Counseling is provided one-on-one by a registered dietitian and addresses the options and methods for improving nutrition status with a measurable goal. (Source: Input Committee)</p> <p>Covid Example: Sessions provided in-person or virtually to counsel older adults on an individual basis (via phone, email, video chat, or other means).</p>	<p>Hours (partial hour may be reported to two decimal places, e.g. 0.25 hours.)</p>
<p>Nutrition Education</p>	<p>An intervention targeting OAA participants and caregivers that uses information dissemination, instruction, or training with the intent to support food, nutrition, and physical activity choices and behaviors (related to nutritional status) in order to maintain or improve health and address nutrition-related conditions. Content is consistent with the Dietary Guidelines for Americans; is accurate, culturally sensitive, regionally appropriate, and considers personal preferences; and is overseen by a registered dietitian or individual of comparable expertise as defined in the OAA. (Source: National Nutrition Monitoring and Related Research Act of 1990 and Input Committee)</p> <p>COVID Example: 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.</p>	<p>Sessions (which may be delivered in-person or via video, audio, online or the distribution of hardcopy materials)</p>
<p>Other Services</p>	<p>A service provided using OAA funds under Titles III-B or C in whole or in part, that do not fall into the previously defined service categories. Other Services will be reported by service domain in OAAPS. A service domain is a category of service that describes the state/territory defined service, which does not fall into the previously</p>	<p>N/A</p>

	<p>defined service categories. Domains for “other services” provided under Title III-B or C include assistive technology/durable equipment/emergency response, consumable supplies, home modifications/repairs, elder abuse prevention/elder rights, health, outreach, public education, socialization, access not reported elsewhere, and other.</p> <p>COVID Example: Groceries, food boxes, cleaning supplies, personal hygiene supplies (including soap, toothpaste, toilet paper, sanitary wipes, incontinence supplies), cell phone or internet access, or other consumable items purchased for use by an older adult may be reported under the consumable supplies domain.</p> <p>Note: Report purchasing groceries, food boxes, supplies, cell phone or internet access or other items with program funds under the consumable supplies domain. For reporting the amount of time spent in providing the delivery, please see Homemaker definition above.</p> <p>COVID Example: Items such as tablet computers, cellphones, other technology or devices purchased for use by an older adult may be reported under the assistive technology/durable equipment/emergency response domain.</p> <p>Note: 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> <p>COVID Example: 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 may be reported under the socialization domain.</p> <p>COVID Example: 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 may be reported under the public education domain.</p>	
Supplemental Services (Caregiver)	Goods and services provided on a limited basis to complement the care provided by caregivers. Caregiver Services (Title III-E) will be reported by service domain in OAAPS. A service domain is a category of service that describes the state/territory defined service, which does not fall into the previously defined service categories. Domains	N/A

	<p>for “supplemental services” provided under Title III-E include assistive technology/durable equipment/emergency response, consumable supplies, home modifications/repairs, legal and/or financial consultation, in-home services (e.g. homemaker/chore/personal care), transportation, nutrition services, and other.</p> <p>COVID Example: Groceries, food boxes, cleaning supplies, personal hygiene supplies (including soap, toothpaste, toilet paper, sanitary wipes, incontinence supplies), cell phone or internet access, or other consumable items purchased to benefit a family caregiver (whether used by the caregiver or by the care receiver) may be reported under the consumable supplies domain.</p> <p>Note: Report purchasing groceries, supplies, cell phone or internet access or other items with program funds under the consumable supplies domain. For reporting the amount of time spent in providing the delivery, please use the In-Home Services domain. Report the amount of time spent in providing the delivery, in hours (partial hour may be reported to two decimal places, e.g. 0.25 hours.)</p> <p>COVID Example: Items such as tablet computers, cellphones, other technology or devices purchased to benefit a family caregiver (whether used by the caregiver or by the care receiver) may be reported under the assistive technology/durable equipment/emergency response domain.</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>	
--	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

Appendix B

The **Optional – FFY2022 SPR Supplemental Funds Template** has multiple tables

Table 1: Service Expenditures should be reported by populations served: older adults, caregivers of older adults, and older relative caregivers.

Table 1: Service-Specific Expenditures

Population Served: 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
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												\$ -	

Table 2: Capital Expenditures should be reported by COVID supplemental expenditure type. Any capital COVID supplemental expenditures should be included in Table 1: Service-Specific Expenditures. Examples of a “Capital Expenditure Type” include: delivery vehicles or walk-in coolers; and the corresponding “Capital Expenditure Description” would be Home Delivered Meals, see below screen shots for examples.

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 (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 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
												\$ -	
												\$ -	
												\$ -	

Tables 3 and 4: Descriptions of Capacity Issues and Unusual Spending, SUAs should report descriptions of any capacity issues and unusual spending due to the COVID pandemic. Some examples are expenses for senior centers that have been temporarily closed, capacity issues of hiring direct care workforce, ramp up of virtual programing, and availability of food items.

Tables 3 and 4: Descriptions of Capacity Issues and Unusual Spending

Capacity Issues: •Reduction of volunteer workforce due to the volunteers being older adults and afraid to be a close contact, therefore more staff had to be hired to deliver meals.
 •Virtual programing was slow to ramp up.

Unusual Spending: • 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.

Appendix C

Annual Program Report for Expanding the Public Health Workforce within the Aging Network Grant

FFY: 2022:

State/Tributary/Tribe:

Example PHW Reporting:

Type of FTE	Number of Full Time FTE	Number of Part Time FTE
Community health worker		
Program manager		
Public health nurse		
Communication and policy experts		
Case investigator		
Contact tracer		
Social support specialist		
Disease intervention specialist		
Epidemiologist		
Laboratory personnel		
Informaticians		
Other positions required to prevent, prepare for, and respond to COVID 19**		
Total FTE		

If “other positions “selected above, please describe here.

Activities performed to advance public health