

Nutrition Services Frequently Asked Emergency Management Questions – Updated to Address Issues Related to COVID-19

As of March 12, 2020

These are highlights from and updates to the Nutrition Services Frequently Asked Emergency Management Questions found at: <https://nutritionandaqing.org/wp-content/uploads/2020/03/Emergency-Preparedness-FAQs-for-Aqing-Services-Professionals-Updated-3.4.20.pdf>

1. When are providers allowed to distribute emergency meals to program participants for planned emergencies?

The OAA does not address this issue. States and Tribes can determine for themselves the best time to distribute emergency meals. It is generally good practice to have them in the participant's home prior to when service interruptions are anticipated to occur. Program participants should be informed about the use of these meals, and these meals should be consumed within one year or according to expiration dates. All meals should be date labeled.

2. When do providers count the emergency meals delivered to program participants?

The OAA does not address this issue; however, it is recommended that the meal would be counted when it is delivered.

3. If a congregate nutrition provider has an emergency and they use shelf-stable meals, can those meals be counted as NSIP meals?

Yes, in emergencies only (remember: the purpose of congregate nutrition program includes socialization), these meals can be counted as NSIP (assuming, of course, that the shelf-stable meals are domestically produced and program participants meet NSIP requirements). A provider cannot, on a regular basis count and serve shelf-stable meals as NSIP meals. A prudent program administrator would count the meal when it is served.

4. If a nutrition provider wants to send a congregate meal home with a senior, can it be counted as an OAA Title III C-1 (congregate meal money) meal?

No, you cannot count it as an OAA Title III C-1 meal if you are sending a meal home. Meals consumed at home cannot be part of a C-1 site program. If the emergency has limited the participants' ability to attend a meal site, shelf-stable meals are one option. The provider may use NSIP funds to pay for and count shelf-stable meals as NSIP meals (assuming, of course, that both the shelf-stable meals and the program participants meet NSIP requirements). The shelf-stable meals can be counted when they are delivered.

4a. Can shelf-stable or frozen meals that will be delivered to the home or "drive-thru" meals that are to be consumed in the home be paid for with C-1 funding? What flexibility is there to address the increased need for these meals?

No, meals that are delivered or consumed in the home cannot be paid for by C-1, which is designed to be provided or consumed in congregate settings. Shelf-stable, frozen, grab and go, drive-up, and drive-through meals may be paid for from Title III C-2 funds as long as program requirements are met. Additionally, NSIP funds may be used to pay for these meals as long as the meals and the program participants meet NSIP requirements, i.e. domestically produced. Flexibility exists in the OAA for States to transfer funding between Title III-B and C-2 (up to 30%, plus an additional amount upon request for a waiver) or between C-1 and C-2 (up to 40%, plus an additional 10% upon request for a waiver) to cover increased demand for home-delivered or any meal that is to be consumed in the home.

5. Are any accommodations ever made by the Administration for Community Living (ACL) for a State/Tribe regarding NSIP funding for disasters (i.e. NSIP funding for next year will likely decrease because of emergencies)?

NSIP is distributed to SUAs and Title VI grantees based on the number of eligible meals served in the prior year as a proportion to the number of meals served by all States, Territories and Tribes. Therefore, it is possible that a funding decrease could occur because of decreased meals served.

To limit the impact of serving fewer meals, a nutrition provider may deliver shelf-stable, grab and go, frozen, drive through, etc. meals to home-delivered meal program clients to be consumed on those days when service may be disrupted. In the event of an emergency where Title IIIC program participants consume their shelf-stable meals, the nutrition provider may deliver additional meals to replenish those consumed during the emergency event. Then the provider may count those replenished meals as NSIP meals (if the meals and the program participants meet NSIP requirements). The shelf-stable, grab and go, frozen, drive through, etc. meals can be counted when they are delivered, as it would not be possible to know when the meals actually are consumed.

6. Can the Title III/VI meal be served outside of the lunch hour to accommodate the additional logistics that may arise because of the emergency?

Yes. The OAA does not address specific implementation issues. It is the responsibility of the States and Tribes to develop regulations, policies, procedures, guidance and technical assistance to address program administration. The OAA requires that the program consult with local service participants to decide the best time of service considering the local need for lunch, dinner or even breakfast programming. This is the case even without an emergency.

Recent questions received related to COVID-19:

7. Will ACL waive DRI nutrition requirements should AAAs use current supplies of emergency meals?

The statute does not give ACL the authority to waive the Dietary Reference Intakes (DRI) applicable to meals under Parts C-1 or C-2 or under the Nutrition Services Incentive Program (NSIP).

However, due to the declaration of a Public Health Emergency by the Secretary of HHS, ACL will consider the purchase of meals that may or may not meet the DRI requirements under the provision in Part B, Section 321(a)(25) “any other services necessary for the general welfare of older individuals”. Therefore, Part B may pay for meals that do or do not meet DRI requirements during this Public Health Emergency to ensure access to meals for seniors.

8. Will ACL waive the 5-days-a-week meal requirement

During this emergency, a waiver from ACL is not required. The SUA has the ability to approve a lesser frequency.

9. What steps are you taking to avoid transmission of illness; MRSA, flu, colds, and others, between clients and volunteers or staff?

We recommend that you follow the CDC guidance and the ACL Toolkit found at <https://acl.gov/COVID-19> as well as any specific guidance from your state and local health department.

10. Any suggestions for the following would be helpful concerning the Coronavirus: Kitchen Staff shortage, Driver shortage, Volunteer shortage, mandated quarantines, Delivering to possible quarantined clients, and Disruption to supply chains.

The network should already have emergency protocol and Continuity of Operations Plans (COOP) established. Many policies should address issues related to meal suspension (due to inclement weather, for example) that can be adapted in the event your community requires a quarantine (See ACL Nutrition FAQs <https://nutritionandaging.org/wp-content/uploads/2020/03/Emergency-Preparedness-FAQs-for-Aging-Services-Professionals-Updated-3.4.20.pdf> for meal delivery and reimbursement questions). Shortages of staff may result in a local decision to offer other delivery options, i.e. pickup or drive through method, use of emergency staff for meal delivery, drop ship delivery method, stable meals at hospitals for pickup, etc. ACL recommends the local network follow state and local health department/local emergency management communications for the best information and accurate instructions for your community.

11. What triggers protocols such as “deliverers hanging the food on doorknobs, knock, and then step back 6 feet and wait for the person to answer the door and remove the bag from the door handle”? Is there some kind of “now it’s at x level” announcement to indicate when we kick off strategies (and how to stop them), and what are those strategies?

ACL recommends the local network follow CDC guidance as well as state and local health department/local emergency management communications for the best information and accurate instructions for your community.

12. Is anyone thinking of how to provide food to home delivered and to congregate sites if the Coronavirus affects a program’s ability to serve?

If your state or local health department/emergency management guidance recommends closure of congregate sites and creates your inability to serve meals, ACL encourages the triaging of consumers and the development of a plan to distribute an array of emergency meals as well as regular home-delivered meals. In addition, program experiences and approaches from other states are shared, and can be viewed on the Nutrition Listserv which is available to SUA Nutrition Directors and professionals. Please contact the nutrition professional at your SUA for information.

13. What would congregate meals do if there was a pandemic?

Local providers should follow CDC guidance as well as their state and local health department/emergency management guidance at this time.

14. In the event that we must shutdown senior centers, what alternative ways of providing meals would be allowed? Could we provide “grab and go” meals or “drive-up” meals for clients to take home?

We encourage you to work with your local health department and/or emergency management (COOP) to determine what is the best way to provide meals to seniors. See the Nutrition Services FAQs at <https://nutritionandaqing.org/wp-content/uploads/2020/03/Emergency-Preparedness-FAQs-for-Aging-Services-Professionals-Updated-3.4.20.pdf> for some common questions around delivery methods and reimbursements.

Yes, “grab and go” and “drive-up” meals can be provided; however, meals that are delivered or consumed in the home cannot be paid for by C-1, which is designed to be provided or consumed in congregate settings. Shelf-stable, frozen, grab and go, drive-up, and drive-through meals may be paid for from Title III C-2 funds as long as program requirements are met. Additionally, NSIP funds may be used to pay for these meals as long as the meals and the program participants meet NSIP requirements, i.e. domestically produced. Flexibility exists in the OAA for States to transfer funding from Title III-B to C-2 (up to 30% of their total allotment, plus an additional amount based upon request for waiver) or between C-1 and C-2 (up to 40%, plus an additional 10% upon request for a waiver) to cover increased demand for home-delivered or any meal that is to be consumed in the home.

15. Travel-size hand sanitizer has become difficult to purchase in bulk. Does anyone have suggested vendors?

ACL does not have information on the availability of supplies or vendors. Please note that program experiences and approaches from other states are shared, and can be viewed on the Nutrition Listserv which is available to SUA Nutrition Directors and professionals. Please contact the nutrition professional at your SUA for information.

16. Would some of you be willing to share your emergency preparedness plans? My organization merged with another MOW agency just over a year ago and I need to update our response plan.

We recommend that you work with your state and local health department and/or emergency management to develop an emergency plan, which may include prioritization of services for seniors most in need of services, shelf-stable meals, frozen meals, and drop ship meals. Please note that program experiences and approaches from other states are shared, and can be viewed on the Nutrition Listserv which is available to SUA Nutrition Directors and professionals. Please contact the nutrition professional at your SUA for information.

17. Do any of you have emergency plans in place that could address any type of pandemic?

The network should already have emergency protocol and Continuity of Operations Plans (COOP) established. Many policies should address for meal suspension (due to inclement weather, for example) that can be adapted in the event your community requires a quarantine (See ACL Nutrition FAQs for more info on meal services and reimbursements). ACL recommends the local network follow state and local health department/local emergency management communications for the best information and accurate instructions for your community.

18. Should we be purchasing large quantities of shelf-stable food for all our clients? We have an emergency plan, but not a pandemic plan.

ACL recommends the local network follow state and local health department/local emergency management communications for the best information and accurate instructions for your community. The network should already have emergency protocol and Continuity of Operations Plans (COOP) established. Many policies should address situations such as meal suspension (due to inclement weather, for example) that can be adapted in the event your community requires a quarantine (See ACL Nutrition FAQs at <https://nutritionandaging.org/wp-content/uploads/2020/03/Emergency-Preparedness-FAQs-for-Aging-Services-Professionals-Updated-3.4.20.pdf> for more information on meal services and reimbursements). The decision to order more or larger quantities of shelf-stable meals is a local decision based on local guidance for your area of the country.

19. What do we do if our volunteer drivers are sick and unable to deliver? We have clients who cannot come to the door so our drivers enter the home and hand the meal to a chair-bound or bed-bound senior.

It is important to have partnerships in the community that can offer assistance in these situations. These partnerships may include police or fire departments and other entities with the capability of entering homes and delivering meals from our network. We encourage closely working with your state and local health department as well as your local emergency management agency to review how you will handle such situations.

20. What happens when I have kitchen staff as well as drivers decide that family is more important than work/volunteering and call off for a quarantine period? Not enough food

production, not enough drivers, shelf stable meals will only last our average client two weeks (if they have not already opened or used them, as I know too many clients do!)

The network should already have emergency protocol and Continuity of Operations Plans (COOP) established. Many policies should address for meal suspension (due to inclement weather, for example) that can be adapted in the event your community requires a quarantine (See ACL Nutrition FAQs for more info on meal services and reimbursements). ACL recommends the local network follow state and local health department/local emergency management communications for the best information and accurate instructions for your community. In addition, partnerships throughout the community may be of assistance.

21. What do we do if every program nationwide is trying to ramp up similar ideas causing vendors and meal providers to have shortages? No different from what is beginning to happen at grocery stores in some areas of the country.

The network should already have emergency protocol and Continuity of Operations Plans (COOP) established. Many policies should address for meal suspension (due to inclement weather, for example) that can be adapted in the event your community requires a quarantine (See ACL Nutrition FAQs for more info on meal services and reimbursements). ACL recommends the local network follow state and local health department/local emergency management communications for the best information and accurate instructions for your community. In addition, partnerships throughout the community may be of assistance.

22. Our sites are getting questions from clients and family members; I would like to send a memo out to our participants. I want it to be brief, as to not overwhelm or panic them, and put their minds at ease that they will not go without food if there is a quarantine or shut down period. Any suggestions on wording this memo?

We encourage you to work with your state and local health department and suppliers to provide accurate information for your local community. Please note that program experiences and approaches from other states are shared, and can be viewed on the Nutrition Listserv which is available to SUA Nutrition Directors and professionals. Please contact the nutrition professional at your SUA for information.

23. We are looking for contingency plans for serving our clients in case of health emergency such as the coronavirus.

The network should already have emergency protocol and Continuity of Operations (COOP) established. Many policies should address for meal suspension (due to inclement weather, for example) that can be adapted in the event your community requires a quarantine (See ACL Nutrition FAQs for more info on meal services and reimbursements). ACL recommends the local network follow state and local health department/local emergency management communications for the best information and accurate instructions for your community. In addition, partnerships throughout the community may be of assistance.

24. We are interested in learning about preparations for potential service interruption due to COVID-19.

ACL recommends the local network follow CDC guidance as well as state and local health department/local emergency management communications for the best information and accurate instructions for your community.

25. We would like to know if you or anyone around the country has developed any sort of contingency plans should things go south and potentially or actually affect service.

Please note that program experiences and approaches from other states are shared, and can be viewed on the Nutrition Listserv which is available to SUA Nutrition Directors and professionals. Please contact the nutrition professional at your SUA for information. The network should already have emergency protocol and COOP plans established. Many policies should address for meal suspension (due to inclement weather, for example) that can be adapted in the event your community requires a quarantine (See ACL Nutrition FAQs at <https://nutritionandaging.org/wp-content/uploads/2020/03/Emergency-Preparedness-FAQs-for-Aging-Services-Professionals-Updated-3.4.20.pdf> for more info on meal services and reimbursements). ACL recommends the local network follow state and local health department/local emergency management communications for the best information and accurate instructions for your community. In addition, partnerships throughout the community may be of assistance.

26. Does the new bill passed by Congress and passed by the President include funding avenues to help CBOs like Meals on Wheels purchase additional meals and provide other ancillary services?

The bill doesn't specifically authorize funding for ACL programs. We continue to advise leadership of the issues we continue to hear from the field. In addition, we are aware of advocacy to make the needs of seniors and our aging services network known, and we are hearing about the possibility of a second supplemental appropriations bill.

27. Do you have (or know where I can find) information on what might happen to the congregate meals programs should quarantines be implemented to protect from further spread of the coronavirus?

The network should already have emergency protocol and COOP plans established. Many policies should address for meal suspension (due to inclement weather, for example) that can be adapted in the event your community requires a quarantine (See ACL Nutrition FAQs for more info on meal services and reimbursements). ACL recommends the local network follow state and local health department/local emergency management communications for the best information and accurate instructions for your community. In addition, partnerships throughout the community may be of assistance.

28. Can agencies temporarily do home-delivered meal assessments via phone or can a senior be placed on home delivered option if they are concerned about coming out of their home?

The OAA does not make provisions for when or how home-delivered meal determinations or assessments are conducted. The SUAs/ AAAs have the flexibility to make this program decision.