

FAQs re: HOME AND COMMUNITY-BASED SUPPORTIVE SERVICES and ELDER RIGHTS

As of March 12, 2020

1. How will COVID-19 impact the ability of providers to maintain in-home services and transportation?

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 suspension of services (due to inclement weather, for example) that can be adapted in the event your community requires a quarantine.

There may be a shortage of in-home workers due to their own illness, childcare issues, or a concern about serving multiple clients in one day. You may wish to think about triaging your in-home clients and focusing on those activities, which are essential to completing activities of daily living and focus on those clients without informal support. Similarly, transportation to essential activities (dialysis, medical treatments) should be prioritized and “group trips” minimized whenever possible.

2. Does ACL have protocols or procedures for maintaining Privacy and Confidentiality (collecting and storing or processing private information from home computers on unsecured networks); Data Collection; and Assessments?

No, ACL does not prescribe protocols for these areas. Please check with your Chief Information Officer for guidance.

3. Will ACL be issuing waivers to allow business functions to continue?

ACL will review submission deadlines and will provide flexibility as States indicate the need for additional time for required activities due to their inability to comply because of the impact of COVID-19.

4. Are APS workers going to be considered law enforcement so that they get masks?

No, APS workers will not be considered law enforcement. However, we are advocating that direct care workers and providers, APS workers and caregivers of the aging and disability networks are considered part of the overall healthcare workforce. This is important for purposes of planning for federal support to states needing personal protective equipment (PPE), such as facemasks, gloves and gowns. State and local officials will make final decisions regarding distribution of PPE.

5. Has ACL ever used its waiver authority for an emergency?

The OAA waiver authority in Section 316 provides broad authority to waive (upon receiving an application from the state agency with sufficient documentation) state and area plan requirements requiring statewide uniformity or to promote innovations or improve service delivery. In addition, Section 316(b)(4) permits the waiver of any restriction of amounts related

to transfers between Parts B & C. In this regard, states have great flexibility to transfer funding to address needs beyond the 30% limit on transfers for these parts found in Section 308(b)(5)(A).