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PROGRAM MEMO

TO: Area Agencies on Aging, Independent Living Center Connected with an Aging and Disability Resource Connection programs, and Health Insurance Counseling and Advocacy Programs

NO: PM 21-10

DATE ISSUED: May 6, 2021

EXPIRES: NA

PROGRAMS AFFECTED: Supportive Services (Title IIIB), Nutrition (Title IIIC), Disease Prevention and Health Promotion (Title IIID), Family Caregiver Support (IIIE), Health Insurance Counseling and Advocacy Program (HICAP), and Aging and Disability Resource Connection (ADRC) program

SUPERSEDES: PM 20-18

SUBJECT: Updated Guidance for Resuming In-Person Service Delivery of Older Americans Act, Health Insurance Counseling and Advocacy Program, and Aging and Disability Resource Connection Program

Purpose

This Program Memo (PM) provides updated guidance on resuming in-person service delivery for the Older Americans Act (OAA), Health Insurance Counseling and Advocacy (HICAP), and Aging and Disability Resource Connection (ADRC) programs during the COVID-19 pandemic as California moves beyond the [Blueprint for a Safer Economy](#). On June 15, 2021, the tier-based approach of the *Blueprint* will no longer be in place and California will fully open its economy, if certain criteria are met regarding vaccinations and hospitalizations. This memo contains guidance for resuming in-home services and in-person group programs or activities for OAA programs after June 15, 2021, including Supportive Services (Title IIIB), Nutrition (Title IIIC), Disease Prevention and Health Promotion (Title IIID), and Family Caregiver Support (IIIE), HICAP and ADRC programs.

Background

In March 2020, when older adults and the public were asked to stay home to save lives from COVID-19, many aging services in the community, such as meals, as well as aging program worksites, went to remote services. In the fourteen months since Californians begin to stay home to stay safe from the pandemic, aging services have continued to serve Older Californians through home deliveries, virtual connections, telephone calls, and more, and have delivered services at unprecedented levels to meet unprecedented needs. Now, with vaccination rates increasing and cases decreasing, many sectors are in the process of re-opening for in-person services, including aging and disability networks. In-person services can combat isolation and address health and well-being needs that worsened during

the months of staying home. Nonetheless, the risk of COVID-19 causing serious disease and death for older adults, people with disabilities, caregivers, and the aging and disability workforce will remain a primary concern until all are vaccinated.

CDA's reopening guidance for the aging network is linked to the States' overall guidance on reopening the economy and protecting public health: *The Blueprint for a Safer Economy*, issued August 28, 2020.

The *Blueprint* outlined the four Tiers for the opening of business and activities, replacing the four Stages of the *Resilience Roadmap*. Every county in California is assigned to a tier based on its COVID-19 test positivity and adjusted case rate. Tier status is updated weekly. The Tiers are based on the risk of community disease transmission as follows:

- Tier 1: Widespread
- Tier 2: Substantial
- Tier 3: Moderate
- Tier 4: Minimal

Most recently, on April 6, 2021, the Governor outlined the State's next step in the COVID-19 pandemic recovery, [Moving Beyond the Blueprint](#). On June 15, 2021, California will fully open its economy if vaccine supply is sufficient, and hospitalizations are stable and low.

General COVID-19 Re-Opening Guidance

The guidance provided is subject to change based on updated Federal and/or State public health guidance.

Current Guidance – *Blueprint for a Safer Economy*

Until the Governor announces that the State has met the criteria to move beyond the tier system of the *Blueprint*, the AAAs should continue to follow the current guidance.

The current guidance based on the *Blueprint* is for the AAAs to defer non-essential in-home services and in-person group programs or activities including public/community events until after a county reaches Tier 4 (the yellow tier) and, ideally, until a county remains in the yellow tier for several weeks. Additionally, AAAs should continue to monitor State and local county public health guidance and follow their county public health recommendations. The decision to adjust service delivery of OAA, ADRC, and HICAP programs will be made at the local level and should be based on state and local public health guidance, along with an assessment of the readiness of the program staff and older adults in the community to resume in-person activities.

Guidance Post-June 15, 2021 - *Moving Beyond the Blueprint for a Safer Economy*

With the administration of vaccines and the decrease in COVID-19 case rates and hospitalizations, California will be moving beyond the tier-based approach of the State's *Blueprint*. The State will move beyond the *Blueprint* to fully reopen the economy on June 15th provided the following criteria is met:

1. There is enough vaccine supply for Californians 16 years and older to be vaccinated.
2. Hospitalizations are stable and low, and specifically, hospitalizations among fully vaccinated individuals are low.

Once the State meets the criteria and all industries can resume usual operations, on June 15th or later, it will be at the AAAs, ADRCs, and HICAPs discretion to resume in-person group programs or activities including public/community events. The decision to resume in-person services will be made at the local level and should be based on state and local public health guidance, along with an assessment of the readiness of the program staff and older adults and people with disabilities at each site where OAA, ADRC, and HICAP services are provided. Risk reduction measures should be continued, including masking, handwashing, and physical distancing.

Participants who have not received vaccinations should be referred to vaccination sites. Vaccine information can be found at <https://myturn.ca.gov/> and <https://aging.ca.gov/covid19/>. Guidance on new federal resources for aging and disability networks to assist with vaccine access will be issued shortly. AAAs and service providers should consult their own outside legal counsel for guidance on risk assessment and regarding questions about requiring proof of vaccinations or use of liability waivers.

AAAs and their service providers should continue to take steps to reduce the risk of COVID-19 infection and create a safe environment for staff, volunteers, and clients. The following resources provide information and tools for reducing the risk of COVID-19.

- Your Guide to Masks: <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/about-face-coverings.html>
- Key Things to Know About COVID-19 Vaccines: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/keythingstoknow.html>
- How to Protect Yourself & Others: <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html>
- Cleaning and Disinfecting Your Facility: <https://www.cdc.gov/coronavirus/2019-ncov/community/cleaning-disinfecting-decision-tool.html>
- National Association of Area Agencies on Aging COVID-19 Resources: <https://www.n4a.org/covid19>

AAA Services' Transitions

OAA Program Flexibilities

In response to the COVID-19 pandemic, both ACL and CDA have allowed program flexibilities due to the need for safety precautions to prevent the spread of COVID-19. The program flexibilities are detailed in the [Frequently Asked Questions - Guidance for AAAs for COVID-19](#). The reversing of the program flexibilities will be tied to the ending of the Major Disaster Declaration (MDD). CDA will inform the AAAs once the MDD ends and the six-month transition period to reverse the flexibilities begins.

Refer to the updated Appendices for program-specific guidance to assist the AAAs in resuming in-person services.

CDA Technical Assistance to AAAs with Resuming In-Person Services

On April 7, 2021, CDA sent a survey to all AAAs inquiring about their status of resuming in-person services. Twenty-eight AAAs responded to the survey. Three AAAs indicated that they have partially or fully resumed in-person services; six AAAs have established a timeframe to resume in-person services; six AAAs are currently planning and/or awaiting guidance to resume in-person services; and one AAA

is following local public health guidance to wait until their region is has higher immunity before services are resumed. CDA will continue to track the status of AAAs resuming in-person services so that CDA can provide additional assistance as needed.

CDA will also be convening and facilitating a workgroup of AAA leaders to share resources, ideas, and plans to assist AAAs with navigating this transition to in-person services. Michelle Davis, CDA Chief, Older Adults Programs (michelle.davis@aging.ca.gov) will be sending out an invitation to all AAA directors in May 2021 to convene this workgroup and the Branch will share the workgroup's resources with all.

Updated Appendices

Appendix A: Nutrition Program (Title IIIC)

Appendix B: Supportive Services (Title IIIB) and Family Caregiver Support (IIIE) Programs

Appendix C: Disease Prevention and Health Promotion Program (Title IIID)

Inquiries

For Title IIIB program inquiries, email: CDASupportiveServices@aging.ca.gov

For Title IIIC and IIID program inquiries, email: CDANutritionandHealthPromotion@aging.ca.gov

For Title IIIE program inquiries, email: CDAFamilyCaregiver@aging.ca.gov

For HICAP program inquiries, email: CDA.HICAP.Team@aging.ca.gov



/Mark Beckley/

Mark Beckley
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Updated Guidance for Resuming In-Person Service Delivery of the Older Americans Act Programs During the COVID-19 Pandemic

Appendix A of PM 21-10: Title IIIC Nutrition Programs

The purpose of this document is to provide updated guidance for resuming in-person service delivery of the Older Americans Act (OAA) Title IIIC Nutrition Programs during the COVID-19 pandemic.

The State of California is preparing to move beyond the [Blueprint for a Safer Economy](#). On June 15, 2021, the tier-based approach of the *Blueprint* will no longer be in place and California will fully open its economy if criteria are met regarding vaccinations and hospitalizations.

Until the Governor announces that the State has met the criteria to move beyond the *Blueprint*, the Area Agencies on Aging (AAA) should continue to follow the current guidance which is to defer in-person nutrition services until after a county reaches Tier 4 (the yellow tier) and, ideally, until a county remains in the yellow tier for several weeks.

Once the State meets the required criteria for moving beyond the *Blueprint*, on June 15th or later, it will be at the AAAs discretion to resume in-person nutrition services. The decision will be made at the local level and should be based on state and local public health guidance, along with an assessment of the readiness of the current staff, facility, and older adults at each site where nutrition services are provided. Risk reduction measures should be continued, including masking, handwashing, and physical distancing. Participants who have not received vaccinations should be referred to vaccination sites. Updates regarding the status of the moving beyond the *Blueprint* can be found at [COVID19.ca.gov](https://www.covid19.ca.gov) and [Beyond the Blueprint for a Safer Economy](#).

Preparation for Moving Beyond the *Blueprint*

AAAs and service providers should ensure plans are in place for resuming in-person nutrition services in preparation for moving beyond the *Blueprint*. Considerations for congregate and home-delivered services include the following:

Congregate services:

- Staff/volunteer training regarding COVID-19 risk reduction measures. Refer to [Guidance for Dine-In Restaurants](#) for suggested topics for employee training and to the CDC [Symptom Screener](#) for guidelines and digital resources.
- Cleaning and disinfecting protocols.
- Reservation system to manage seating capacity.
- Protocols for ensuring hand sanitizer is available for staff and client use where handwashing is not feasible.
- Protocols for ensuring masks are available, as feasible, for staff or clients who arrive without a mask and protocol for those who elect not to wear a mask. Masking protocols will remain in place until adjusted or discontinued per state and/or local public health guidance.

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Appendix A of PM 21-10: Title IIIC Nutrition Programs

- Refer to California Department of Public Health (CDPH) [Guidance for Use of Face Coverings](#) which also provides guidance regarding individuals who are exempt from wearing a mask in specific settings including: “Persons who are actively eating or drinking, provided that they are able to maintain a distance of at least six feet away from persons who are not members of the same household or residence”.
- Protocols for physical distancing of at least six feet, including seating arrangements. Physical distancing protocols will remain in place until adjusted or discontinued per state and/or local public health guidance.
- Consider additional dining times if unable to seat all participants at one time following physical distancing protocol. Allow sufficient time for cleaning and disinfecting between dining times.
- Consider outdoor dining, if feasible and if desired by participants.
- AAAs and service providers should consult their own outside legal counsel for guidance on risk assessment and regarding questions about requiring proof of vaccinations or use of liability waivers.

Home Delivered Meals (HDM) services:

- Protocols for resuming in-person assessments when requirements are no longer waived, including:
 - Initial assessments for new clients
 - Annual reassessments for existing clients
 - Quarterly eligibility reassessments, conducted in the home every other quarter

Moving Beyond the *Blueprint*

When the State meets the required criteria for moving beyond the *Blueprint*, it will be at the AAAs discretion to resume in-person nutrition services. The decision will be made at the local level and should be based on state and local public health guidance, along with an assessment of the readiness of the current staff, facility, and older adults at each site where nutrition services are provided.

Continue to follow State and local public health guidance for potential statewide or local changes impacting in-person services. Updates regarding status of the moving beyond the *Blueprint* can be found at [COVID19.ca.gov](https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/COVID19.ca.gov) and [Beyond the Blueprint for a Safer Economy](#).

Risk reduction measures should be continued when in-person nutrition services are resumed, including masking, handwashing, and physical distancing. Participants who

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Appendix A of PM 21-10: Title IIIC Nutrition Programs

have not received vaccinations should be referred to vaccination sites. Vaccine information can be found at <https://aging.ca.gov/covid19/>.

During the transition to in-person nutrition services, temporary accommodations may be permitted, such as:

- Continued meal pick-up or home-delivered meal services for clients who are reluctant or fearful to return to the congregate setting.
- Virtual assessments for new HDM clients who are reluctant to allow others into their home to conduct assessments.
- Virtual quarterly HDM eligibility reassessments for clients who may be reluctant to allow others into their home.

Program Flexibilities

In response to the COVID-19 pandemic, both ACL and CDA have allowed program flexibilities due to the need for safety precautions to prevent the spread of COVID-19. The program flexibilities are detailed in the [Frequently Asked Questions - Guidance for AAAs for COVID-19](#). The reversing of the program flexibilities will be tied to the ending of the Major Disaster Declaration (MDD). Program flexibilities should continue no more than six months after the Major Disaster Declaration (MDD) ends. CDA will inform the AAAs once the MDD ends and the six-month transition period to reverse the flexibilities begins.

Note that the following program flexibilities have been granted at the federal level and are therefore outside of the scope of CDA authority:

- Offering pick-up or to-go meals for congregate meal participants beyond the transition period to in-person congregate meal services.
- The waiver of the requirement to follow the Dietary Guidelines for Americans (DGA) and provide one-third of the Dietary Reference Intakes (DRI) in meals using OAA funds.

Adjustments to these flexibilities will be determined by the Administration for Community Living (ACL). CDA will notify the AAAs when guidance regarding these flexibilities is provided by ACL.

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Appendix B of PM 21-10: Title IIIB Supportive Services Title IIIE Family Caregiver Support Program

The purpose of this document is to provide updated guidance for service delivery of the OAA Supportive Services (Title IIIB) and Family Caregiver Support Programs (Title IIIE) during the COVID-19 pandemic.

The State of California is preparing to move beyond the [Blueprint for a Safer Economy](#). On June 15, 2021, the tier-based approach of the *Blueprint* will no longer be in place and California will fully open its economy if criteria are met regarding vaccinations and hospitalizations.

Until the Governor announces that the State has met the criteria to move beyond the *Blueprint*, the Area Agencies on Aging (AAA) should continue to follow the current guidance which is to defer non-essential in-home or in-person group programs and activities until after a county reaches Tier 4 (the yellow tier) and, ideally, until a county remains in the yellow tier for several weeks.

Once the State meets the required criteria for moving beyond the *Blueprint*, on June 15th or later, it will be at the AAA's discretion to resume in-home services and in-person group programs and activities. The decision to resume Title IIIB and Title IIIE in-home services and in-person group programs or activities will be made at the local level and should be based on state and local public health guidance, along with consideration of the readiness of the current staff, facility, and older adults at each site where in-person services are provided. Risk reduction measures should be continued including masking, handwashing, and physical distancing. Participants who have not received vaccinations should be referred to vaccination sites. Updates regarding status of moving beyond the *Blueprint* can be found at [COVID19.ca.gov](https://www.covid19.ca.gov) and [Beyond the Blueprint for a Safer Economy](#).

Preparation for Moving Beyond the *Blueprint*:

AAAs and service providers should ensure plans are in place for resuming in-home and in-person programs and activities in preparation for moving beyond the *Blueprint*.

Considerations for in-home and in-person group program or activities include:

- Staff/volunteer training regarding COVID-19 risk reduction measures. Refer to the CDC [Symptom Screener](#) for guidelines and digital resources.
- Cleaning and disinfecting protocols.
- Create a reservation system to manage seating capacity for in-person group programs and activities and with physical distancing requirements.
- Protocols for ensuring hand sanitizer is available for staff and participant use where handwashing is not feasible.

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- Protocols for ensuring masks are available, as feasible, for participants who arrive without a mask and protocol for those who elect not to wear a mask. Masking protocols will remain in place until adjusted or discontinued per state and/or local public health guidance.
- Protocols for physical distancing (spacing at least six feet apart), such as floor markings to indicate individual space on floor. Physical distancing protocols will remain in place until adjusted or discontinued per state and/or local public health guidance.
- Consider scheduling additional sessions of in-person group programs or activities if unable to seat all participants at one time following physical distancing protocol. Allow sufficient time for cleaning and disinfecting between services/meeting times.
- Protocols/strategies to ensure compliance for physical distancing for older adults with cognitive issues.
- Consider outdoor programming, if feasible.
- Continue options for accommodating participants who are not ready to attend in-person activities, such as offering virtual support groups or caregiver trainings.
- Protocols for resuming in-home services when requirements are no longer waived including:
 - Initial assessments for new participants
 - Annual reassessments for existing participants
- AAAs and service providers should consult their own outside legal counsel for guidance on risk assessment and regarding questions about requiring proof of vaccinations or use of liability waivers.

Moving Beyond the *Blueprint*:

When the State meets the required criteria for moving beyond the *Blueprint*, it will be at the AAA's discretion to resume in-home services that have been deferred (e.g. case management, comprehensive assessments, homemaker, etc.) and in-person group programs and activities (e.g. adult day care, senior center activities, support groups, etc.). The decision will be made at the local level and should be based on state and local public health guidance, along with an assessment of the readiness of the current staff, facility, and older adults at each site where in-person programs and activities are provided.

Continue to follow state and local public health guidance for potential statewide or local changes impacting in-person services. Updates regarding status of the moving beyond

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Appendix B of PM 21-10: Title IIIB Supportive Services
Title IIIE Family Caregiver Support Program

the *Blueprint* can be found at [COVID19.ca.gov](https://www.covid19.ca.gov) and [Beyond the Blueprint for a Safer Economy](#).

Risk reduction measures should be continued when in-person group programs and activities are resumed, including masking, handwashing, and physical distancing. Participants who have not received vaccinations should be referred to vaccination sites. Vaccine information can be found at <https://aging.ca.gov/covid19/>.

Considerations for resuming in-person programs and activities include the following:

- During the transition to in-person programs and activities, temporary accommodations may be permitted, such as:
 - Continued remote delivery of services (e.g., telephonic case management) for participants who are reluctant or fearful to return to an in-person setting.
 - Virtual assessments for new participants and reassessments for existing participants who may be reluctant to allow others into their home to conduct assessments (e.g., case management).

Continue offering a virtual option to provide activities remotely, such as offering virtual community education, support groups and trainings.

Program Flexibilities

In response to the COVID-19 pandemic, both ACL and CDA have allowed program flexibilities due to the need for safety precautions to prevent the spread of COVID-19. The program flexibilities are detailed in the [Frequently Asked Questions - Guidance for AAAs for COVID-19](#). The reversing of the program flexibilities will be tied to the ending of the Major Disaster Declaration (MDD). Program flexibilities should continue no more than six months after the Major Disaster Declaration (MDD) ends. CDA will inform the AAAs once the MDD ends and the six-month transition period to reverse the flexibilities begins.

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Appendix C of PM 21-10: Title IIIID Disease Prevention and Health Promotion Program

The purpose of this document is to provide updated guidance for resuming in-person service delivery of the Older Americans Act (OAA) Title IIIID Disease Prevention and Health Promotion Programs during the COVID-19 pandemic.

The State of California is preparing to move beyond the [Blueprint for a Safer Economy](#). On June 15, 2021, the tier-based approach of the *Blueprint* will no longer be in place and California will fully open its economy if criteria are met regarding vaccinations and hospitalizations.

Until the Governor announces that the State has met the criteria to move beyond the *Blueprint*, the Area Agencies on Aging (AAA) should continue to follow the current guidance which is to defer in-person Title IIIID programs until after a county reaches Tier 4 (the yellow tier) and, ideally, until a county remains in the yellow tier for several weeks.

Once the State meets the required criteria for moving beyond the *Blueprint*, on June 15th or later, it will be at the AAAs discretion to resume in-person Title IIIID programs. The decision will be made at the local level and should be based on state and local public health guidance, along with an assessment of the readiness of the current staff, facility, and older adults at each site where Title IIIID programs are provided. Risk reduction measures should be continued, including masking, handwashing, and physical distancing. Participants who have not received vaccinations should be referred to vaccination sites. Updates regarding the status of the moving beyond the *Blueprint* can be found at [COVID19.ca.gov](#) and [Beyond the Blueprint for a Safer Economy](#).

Preparation for Moving Beyond the *Blueprint*

AAAs and service providers should ensure plans are in place for resuming in-person Title IIIID evidence-based programs (EBP) in preparation for moving beyond the *Blueprint*. Possible strategies in preparation for resuming in-person EBPs include:

- Staff/volunteer training regarding COVID-19 risk reduction measures. Refer to the CDC [Symptom Screener](#) for guidelines and digital resources.
- Cleaning and disinfecting protocols.
- Create a reservation system if needed to manage capacity.
- Protocols for ensuring hand sanitizer is available for staff and client use where handwashing is not feasible.
- Protocols for ensuring masks are available, as feasible, for clients who arrive without a mask and protocol for those who elect not to wear a mask. Masking protocols will remain in place until adjusted or discontinued per state and/or local public health guidance.

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- Develop measures to maintain physical distancing of at least six feet, such as floor markings to indicate individual space on floor. Physical distancing protocols will remain in place until adjusted or discontinued per state and/or local public health guidance.
- Consider outdoor programming, if feasible.
- Consider adopting new EBPs that offer flexibility with in-person or virtual delivery. The National Council on Aging (NCOA) provides guidance on EBP)s that are approved for virtual delivery: [Track Health Promotion Program Guidance During COVID-19](#).
- AAAs and service providers should consult their own outside legal counsel for guidance on risk assessment and regarding questions about requiring proof of vaccinations or use of liability waivers.

Moving Beyond the *Blueprint*

When the State meets the required criteria for moving beyond the *Blueprint*, it will be at the AAAs discretion to resume in-person EBPs. The decision will be made at the local level and should be based on state and local public health guidance, along with an assessment of the readiness of the current staff, facility, and older adults at each site where EBPs are provided.

Continue to follow State and local public health guidance for potential statewide or local changes impacting in-person services. Updates regarding status of the moving beyond the *Blueprint* can be found at [COVID19.ca.gov](#) and [Beyond the Blueprint for a Safer Economy](#).

Risk reduction measures should be continued when in-person EBPs are resumed, including masking, handwashing, and physical distancing. Participants who have not received vaccinations should be referred to vaccination sites. Vaccine information can be found at <https://aging.ca.gov/covid19/>.

Considerations for resuming in-person EBPs include the following:

- Consider options for accommodating clients who are not yet ready to return to in-person classes, such as offering virtual classes. AAAs/providers may continue to offer clients a virtual option as long as the EBP continues to be approved for remote implementation. Refer to the NCOA website for guidance on specific EBPs: [Track Health Promotion Program Guidance During COVID-19](#).
- Offering a virtual EBP option to clients post-COVID-19 may be an effective strategy to engage older adults who have not previously participated in Title IIID activities.

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Program Flexibilities

In response to the COVID-19 pandemic, both ACL and CDA have allowed program flexibilities due to the need for safety precautions to prevent the spread of COVID-19. The program flexibilities are detailed in the [Frequently Asked Questions - Guidance for AAAs for COVID-19](#). The reversing of the program flexibilities will be tied to the ending of the Major Disaster Declaration (MDD). Program flexibilities should continue no more than six months after the Major Disaster Declaration (MDD) ends. CDA will inform the AAAs once the MDD ends and the six-month transition period to reverse the flexibilities begins.

Note that the flexibility to offer a virtual option for EBPs will continue as long as the EBP continues to be approved for remote implementation. Refer to the NCOA website for guidance on specific EBPs: [Track Health Promotion Program Guidance During COVID-19](#).