NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

KODY H. KINSLEY • Secretary

JOYCE MASSEY-SMITH • Director
Division of Aging and Adult Services

DAAS ADMINISTRATIVE LETTER NO. 22-02

TO:	**Area Agency on Aging Directors**
FROM:	**Joyce Massey-Smith, Director**
DATE:	**June 10, 2022**
SUBJECT:	**American Rescue Plan Act of 2021:**

- **Increased Access to Services and Supports**
- **Transportation Services**
- **In-Home and Supportive Services**
- **Other III-B Supportive Services**
- **Social Isolation, Social Engagement, Health, and Wellness**
- **OAA Senior Nutrition Program**
- **Family Caregiver Support Program**
- **Title VII Long-term Care Ombudsman**
- **Budget and Capital Expenditures**

Supplemental funding from the American Rescue Plan Act of 2021 (ARPA) has been made available to the Division of Aging and Adult Services to carry out activities under the Older Americans Act for the COVID-19 pandemic response and recovery. The purpose of this letter is to provide guidance to NC Area Agencies on Aging (AAAs) for use of Older Americans Act ARPA funding, especially as it relates to the provision of new services, effective outreach to underserved target populations, and expanded programs to connect seniors and their families with needed help.

Earlier rounds of COVID funding were used by the NC aging network to adapt normal procedures and continue modified service delivery during the pandemic. The Division will support ARPA recovery efforts that build an even stronger infrastructure, support effective service delivery, and increase access to long-term services and supports. This administrative letter authorizes the funding of new initiatives and new ARPA services. It also authorizes the expansion of nutrition, access services, supportive services, health promotion, and caregiver support services that have always been the mainstay of Older Americans Act services to help seniors age safely in their communities.

The Administration for Community Living awarded federal ARPA funds for the following priorities under the Older Americans Act (OAA): nutrition services, supportive services (including vaccination outreach and programs to prevent or mitigate social isolation), family caregiver services, health promotion/disease prevention programs, and the long-term care ombudsman

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program. This administrative letter addresses ARPA programs supported by OAA Title III funding and Title VII ARPA funding for the Long-Term Care Ombudsman program.

Regional allocations of OAA ARPA funding to NC AAAs were based on the Intrastate Funding Formula approved by the Administration for Community Living (U.S. Department of Health and Human Services). Required regional planning for ARPA service delivery was undertaken by AAAs for each Planning and Service Area of the state, and regional plans have been reviewed and approved. Below are the allowable ARPA services that may be funded.

Waiver requests and approval for direct service provision by AAAs will be documented and approved on the DAAS-732-ARPA (see Appendix F) for the duration of the ARPA project period through September 30, 2024. Per the Area Plan instructions, Information & Options Counseling and Outreach services do not require direct service waivers, but allocations for all services will be documented on the 732-ARPA under the AAA's ARMS provider number. AAAs must submit the completed 732-ARPA to DAAS for documentation of the director's approval for direct service waivers. Changes in the services provided by a AAA during the ARPA project period must be resubmitted on updated 732-ARPA forms for DAAS approval.

Increased Access to Services and Supports

A central state priority for use of ARPA funds is to assure expanded access to long-term services and supports (LTSS) for older adults and family caregivers across funding sources and to assure expanded outreach to underserved target populations.

The Division will support multiple pathways to a strong statewide network for helping seniors connect to services they need. NC AAAs and/or their providers may already have existing programs or past experience with outreach efforts, information and options counseling, care management, consumer-directed services, and programs like NCCARE360/No Wrong Door/ADRC and Money Follows the Person. Each region's history of helping clients connect with services across these platforms can be a bridge to participation in this important statewide ARPA priority. ARPA funds can be used to support local and/or regional programs.

See Appendix A for specific ARPA service codes that will be used to support allocations for increasing access to long-term services and supports. These include ARPA service codes for LTSS Outreach to Underserved Target Populations, Information & Options Counseling, Consumer-Directed Services, OAA Care Management, and LTSS Case Management. Appendix B provides requirements and guidance for the new ARPA III-B services under this priority.

LTSS Outreach to Underserved Target Populations is a new non-unit ARPA service with a familiar function: interventions for the purpose of identifying potential clients and encouraging their use of existing services and benefits. Outreach staff should have knowledge of information/resources that include but go beyond OAA services in order to provide information and referrals needed by eligible older adults to long-term services and supports across funding sources. There will be no requirement for completion of a DAAS-101 for this non-unit service code. Tracking outreach in ARMS will be like I&A reporting: a count of contacts between an agency and individual older adults or persons acting on their behalf. Activities that involve contact in a mass media environment will support the overall goals of outreach, but will not be tracked for reporting purposes. Agencies will be responsible for documenting outreach efforts and contacts.

Information and Options Counseling refers to an ARPA service based on the existing non-unit HCCBG service standards for both I&A and counseling older adults and their families about care options. Budgeting, reporting and tracking these expenses will be the same for ARPA and

HCCBG. The ARPA I & A code will contain the budget, and it will also track contacts entered monthly in ARMS. The ARPA OC code will track options counseling clients. The DAAS-101 will be completed on each client, and a "1" will be entered in ARMS for each month that options counseling is provided.

Consumer-Directed Services Care Advisor is an important role for advising seniors in the Home Care Independence program about their care options. Reporting and tracking these expenses will be the same for ARPA and HCCBG: there will be ARPA codes for CDS Care Advisor, CDS Personal Assistant, and CDS Financial Management Services.

OAA Care Management refers to an ARPA service based on the existing non-unit HCCBG service standards that require a social worker and nurse team to provide care management to older adults with medically complex care needs. This ARPA budget will be focused on care management alone and may not be used to purchase services. Reporting and tracking these expenses will be the same for ARPA and HCCBG: the DAAS-101 will be completed on each client, and a "1" will be entered in ARMS for each month of service.

Regular consumer contribution policy requirements apply to both consumer-directed services and care management services under ARPA.

LTSS Case Management is a non-unit ARPA service that may be used by AAAs to support the NCQA accreditation gap analysis follow-up, consultation to prepare for accreditation, application for accreditation, etc. This non-unit budget is for accreditation costs only. Use of this code for allowable accreditation expenditures is available to AAAs who select Care Management or Home Care Independence as their path to NCQA LTSS Case Management accreditation. AAAs must establish separate budgets to support the minimum six-months of service delivery required by the national accreditation process prior to a site visit review. More information is provided in Appendix B.

It is each AAA's choice whether to work toward NCQA accreditation, but DAAS encourages every region to strategize for building infrastructure to help increase access to services and supports. There are many services that can be funded under ARPA to help the state's aging network build capacity in this area.

Transportation Services

Transportation has a critical role to play in access to services and supports. ARPA funding will allow the expansion of OAA transportation services to include additional options for service delivery and assistance. Except as noted below, service delivery will be based on existing HCCBG transportation service standards. For each of the following services, a unit of service is a one-way trip.

See Appendix A for specific ARPA service codes that can be used to support the following new transportation allocations: ARPA-Transportation, ARPA-Assisted Transportation, and ARPA-Transportation Vouchers. See Appendix C to read more about requirements and guidance for the ARPA services under this priority.

ARPA-Transportation is a unit-based ARPA service that provides regular transportation services to medical and/or general transportation destinations. The DAAS-101 will be completed on each client, and the number of one-way trips per month will be tracked in ARMS.

ARPA-Assisted Transportation is a new unit-based ARPA service that provides personal accompaniment to an older adult with physical or cognitive difficulties because assistance is essential in order to ride regular transportation. The DAAS-101 will be completed on each client, and the number of one-way trips per month will be tracked in ARMS.

ARPA-Transportation Vouchers is a transportation service that provides a voucher to an eligible older adult for transport within a designated timeframe by a volunteer driver, bus, taxi, or other private transportation company. The voucher rate, reimbursement process, and schedule must be negotiated by the voucher provider in a written agreement with vendors and consumers. The DAAS-101 will be completed on each client. The number of one-way trips per client per month will be tracked and reported in ARMS according to state-designated S/R/W codes, but services will be reimbursed as a monthly non-unit reimbursement request.

Regular consumer contribution policy requirements apply to transportation services under ARPA.

In-Home and Supportive Services

In-home and supportive services that help seniors stay safely in their homes as long as possible are always the most requested III-B services. The COVID-19 pandemic presented many challenges for these in-person services, as agencies struggled to keep their workforce or were forced to close temporarily. One approach to pandemic workforce shortages was to offer new consumer-directed programs in which agencies were able to pay for services provided by helpers that older adults had recruited from family and friends. ARPA funding can be used to begin or expand these consumer-directed programs. Whether staff are consumer-recruited or professional aides, ARPA funding can support the core in-home and supportive services that have been so critical to helping seniors maintain their independence or helping caregivers have a safe place for loved ones to stay while they are working.

In addition to funding those core services, the Division will use ARPA funding to introduce new chore and shopping/errand services – services frequently needed by older adults, but not available because limited funding and limited staff availability have shifted service provision toward personal care services and away from needed home management tasks. Providers can use contractors not licensed as home care agencies in areas where there is currently a shortage of direct care workers.

See Appendix A for specific ARPA service codes that will be used to support allocations for increasing in-home and supportive services: Consumer-Directed Services Personal Assistant, Consumer-Directed Services Financial Management Services, In-Home Aide Level I Home Management, In-Home Aide Level II Personal Care, Adult Day Care, Adult Day Health, Chore Services, Chore-Enhanced Services, and Shopping & Errand Services. See Appendix D to read more about requirements and guidance for the new ARPA services under this priority.

In-Home Aide Level I Home Management & In-Home Aide Level II Personal Care -- Service delivery under these ARPA programs will be based on existing HCCBG service standards. Budgeting, reporting, and tracking these expenses will be the same for ARPA and HCCBG.

Adult Day Care and Adult Day Health Care -- ARPA service delivery for these important programs will be based on existing HCCBG service standards. Budgeting, reporting, and tracking these expenses will be the same for ARPA and HCCBG.

Chore Services is a new ARPA service that goes beyond the IHA Level I Home Management tasks that are currently allowable as light housekeeping. Activities like assistance with heavy housework (including decluttering and taking trash to the dump), yardwork, or sidewalk maintenance will fall under this new service. The DAAS-101 will be completed on each client. The number of hours of service per month will be reported in ARMS for each client, but services will be reimbursed as a monthly non-unit reimbursement request.

Chore-Enhanced Services is another new ARPA service for activities like assistance with washing windows, household maintenance requiring thorough cleaning (including appliances), cleaning carpets, simple repairs inside the house, and pest control in conjunction with cleaning.

It is recommended that this service have an annual benefit cap or that Chore-Enhanced Services be offered as a one-time service annually per household in order to extend the benefit more broadly. The DAAS-101 will be completed on each client. The number of hours of service per month will be reported in ARMS for each client, but services will be reimbursed as a monthly non-unit reimbursement request.

Shopping & Errand Service is a new unit-based ARPA service with a familiar function similar to allowable tasks under IHA Level I Home Management. However, services provided by the shopping/errand aide do not have to be provided by a competency-tested in-home aide, and the provider does not have to be a licensed home care agency. The tasks that may be carried out by a shopping/errand aide include taking older adults to the store and assisting them with shopping or running errands for them. The aide may also assist with unpacking and storing purchases. The DAAS-101 will be completed on each client, and the number of hours of service per month will be tracked in ARMS.

Regular consumer contribution policy requirements apply to In-Home and Supportive Services under ARPA. The two chore services and the shopping/errand service will be counted as Type I services for purposes of the contributions policy

Other III-B Supportive Services

There are additional III-B supportive services that may be funded under ARPA as outlined below. See Appendix A for specific ARPA service codes that will be used to support allocations for the following services. Consumer contribution policies also apply to these services.

ARPA-Legal Services is a unit-based APRA service based on existing service standards that permits legal services providers to offer legal services to older adults who are aged 60 or over and need legal assistance. Priority should be given to legal cases involving income, healthcare, long-term care, nutrition, housing, utilities, defense of guardianship, abuse, neglect or exploitation, and age discrimination.

Housing and Home Improvement is an ARPA service based on existing HCCBG service standards, i.e., it will be reimbursed as a non-unit service, but project costs for each client will be reported in ARMS based on required S/R/W categories. Budgeting, reporting, and tracking these H/HI expenses will be the same for ARPA and HCCBG.

Housing Information & Assistance is an additional ARPA code, but not a new service. As an ARPA pilot, DAAS will support a service code that allows a H/HI provider to be funded for housing services only and not funded for home improvement projects. As defined in the NC Administrative Code and HCCBG service standards, housing services support independent living by providing information to individuals and families to enable them to obtain housing, retain the housing they have, or return to independent housing. Housing information includes fair housing, foreclosures, grants or loans for home repair, home buying, homelessness prevention, independent housing options and locations, landlord tenant relations, mortgage delinquency and default resolution counseling, predatory lending, reasonable accommodations, reverse mortgage counseling, and tenant's rights and responsibilities (10A NCAC 06E .0301, 10A NCAC 06W .0104, and 10A NCAC 71R .0909).

This service will support staffing costs (salaries, payroll taxes, fringe benefits, travel, training, etc.) for housing case management and navigation, oversight of housing programs, and related duties. Non-unit costs and number of contacts will be reported in ARMS. The number of contacts equals the number of phone calls, emails, and in-person meetings with individuals requesting housing assistance. For each contact, the agency shall document the individual's housing needs and a description of information, assistance, as well as any referrals, service coordination, and follow up provided.

Volunteer Program Development refers to an ARPA service based on an existing service standard for volunteer programs with one exception: mileage reimbursements will be allowed to support volunteer recruitment and retention during the pandemic recovery. Budgeting, reporting, and tracking these non-unit expenses will be the same for ARPA or HCCBG.

Senior Center Operations is an ARPA service based on an existing service standard. Because senior centers serve the general older adult population, this code has been used to respond to the pandemic with flexibility when it serves the interests of the community. Costs normally allowable for providers under HCCBG Senior Center Operations are allowable for a provider's continuation and expansion of senior center operations.

In addition, this ARPA code will be used for special pandemic response and recovery expenses, rather than the Non-Unit III-B In-Home & Support Services code outlined below. Allowable costs include technology (tablets, computers, cell phone, other technology, or devices); acquisitions for pandemic response and recovery; purchase and delivery of groceries/produce boxes; specialized COVID training and staff testing; consumable supplies such as cleaning supplies (disinfectant sprays, wipes, sponges, other items to ensure cleanliness and safety), and PPE (masks, gloves, face shields) for both the center and for participants and older adults in the community.

Per the Administration for Community Living, flexibilities written into service provider contracts made during the Major Disaster Declaration can continue until funds are spent and contracts end. DAAS will continue to support this flexibility so long as provider contracts follow the ACL guidelines. As with previous COVID grants, tracking of expenditures under ARPA Senior Center Operations allocations will be reported on the special DAAS Excel tracking spreadsheet.

Non-Unit III-B Access Services Code is an ARPA allocation that will continue to support special purchases needed during the pandemic response and recovery. In contrast to previous COVID grants in which each service had a non-unit COVID code for special purchases, this budget will be used to support all services funded under the ACL Access Category as needed.

Access services include transportation, care management or case management, outreach, and information & options counseling. Providers should use the regular program budgets for reporting all program costs that can be reimbursed under those service codes. Below are examples of special expenditures that may be reimbursed out of the Non-Unit III-B Access Service Code allocation.

Examples of allowable expenditures include consumable supplies such as personal protective equipment, cleaning supplies, COVID response and recovery items such as tablets, computers, cell phones, other technology or devices, specialized COVID training, and on-going staff COVID testing. As with previous COVID grants, tracking of these expenditures will be reported on the special DAAS Excel tracking spreadsheet.

Non-Unit III-B In-Home & Support Services Code is an ARPA allocation that will continue to support special purchases needed during the pandemic response and recovery. In contrast to previous COVID grants in which each service had a non-unit COVID code for special purchases, this budget will be used to support all services funded under the ACL in-Home & Supportive Services Category as needed.

Services that may be included under the In-Home & Support Services Category are adult day services, chore/chore-enhanced services, consumer-directed services, health promotion, housing & home improvement, in-home aide, legal, mental health counseling, shopping/errands, social isolation programs, and volunteer program development. Providers should use the

regular program budgets for reporting all program costs that can be reimbursed under those service codes. Below are examples of special expenditures that may be reimbursed out of the Non-Unit III-B In-Home & Support Services Code allocation.

Examples of allowable expenditures include consumable supplies such as cleaning supplies, personal hygiene supplies (soap, toothpaste, toilet paper, sanitary wipes, incontinence supplies, etc.), COVID response and recovery items such as tablets, computers, cell phones, other technology, or devices, specialized COVID training, and on-going staff COVID testing. As with previous COVID grants, tracking of these expenditures will be reported on the special DAAS Excel tracking spreadsheet.

Social Isolation, Social Engagement, Health, and Wellness

A key federal and state priority under ARPA is to expand programs that address the negative impacts of social isolation – devastating during normal times and now made worse by temporary closures and sheltering in place during the COVID-19 pandemic.

North Carolina has an extensive network of senior centers and congregate nutrition programs that offer vital supports and social engagement opportunities to combat social isolation. Not only do these centers provide daily programing and social activities, they also connect seniors with information about many other community resources.

Unfortunately, there are barriers to participation by some seniors, e.g., travel distance, lack of transportation, caregiving responsibilities, poor health, etc. The Division acknowledges the challenge of reaching some of our most vulnerable and isolated citizens and will use ARPA funding to support a variety of approaches that include both innovative programming and/or existing programs delivered or enabled in new ways as outlined below.

See Appendix A for specific ARPA service codes that can be used to support this initiative: Social Isolation-Digital Technology Purchases, Social Isolation-Digital Training & Programming, III-B Health Promotion, III-D Evidence-Based Health Promotion, and Mental Health Counseling. Appendix E provides requirements and guidance for the two new ARPA services under this initiative. For the other three ARPA services, service delivery will be based on existing HCCBG service standards. Consumer contribution policies apply to these services under ARPA. The new social isolation codes will be treated as Type III services under the contributions policy.

ARPA-Social Isolation-Digital Technology Purchases is a new ARPA service that supports equipment to enable live interactions, including laptops, tablets, or any other technological device accessible from a socially isolated individual's residence. Priority should be given to those who are most isolated and unable to access traditional social engagement opportunities.

ARPA-Social Isolation-Digital Training & Programming is a new ARPA service to capture staff time for providing personal, social, and technical support to socially isolated individuals. This will fund time spent delivering support by telephone or by way of virtual programming. Time must be spent providing personal assistance, training, education resources, interactive connections, and/or programming to help socially isolated individuals learn skills or receive social/emotional support and may also include program licensure and time spent training for both seniors and staff. Priority should be given to those who are most isolated and unable to access traditional social engagement opportunities.

ARPA-III-B Health Promotion is based on existing standards for Health Services: III-B Health Promotion/Disease Prevention, which support screening, education, information, and referrals related to addressing physical, mental, and emotional well-being. This service can support the delivery of programs that may not be allowable with Title III-D funds. Priority should be given to

historically marginalized individuals residing in areas where access to similar health promotion services is limited.

ARPA-III-D Evidence-Based Health Promotion is also based on the existing Health Services standards to support the delivery and expansion of ACL-approved evidence-based III-D health promotion/disease prevention programs. This funding can be used to support training materials, program licenses, outreach, etc. for these programs. It can also be used to provide devices needed to engage in programs virtually. [Note: If devices are provided to participants for accessing a III-D program along with other types of programs (e.g., social engagement, III-B health promotion, tele-mental health services), then costs should be proportionately allocated to reflect estimated time that will be spent utilizing each type of service.]

ARPA-Mental Health Counseling is a service based on existing HCCBG standards for the provision of clinical mental health counseling services. While regular health promotion activities under the III-B and III-D programs support screening, education, information, and referrals related to physical, mental, and emotional well-being, there may be opportunities for referrals to more formal and structured services than is allowed through health promotion services. Social isolation and mental health are interconnected. DAAS supports ARPA funding for this service given the COVID-19 pandemic and the negative effects of prolonged isolation that our network may encounter during the ARPA recovery period. Our statewide network may want to raise awareness and establish referral protocols whether or not ARPA funds are used to support Mental Health Counseling.

OAA Senior Nutrition Program

From the safe handling of food to nutritional guidelines to programming that enhances social connections, NC's senior nutrition network promotes senior health and well-being. It would be hard to overstate the impact of closures during the pandemic, but many nutrition programs provided alternate services like grab-and-go meals or home-delivered meals for congregate clients.

See Appendix A for specific ARPA service codes that can be used to support nutrition services: ARPA-Congregate Meals, ARPA-Home Delivered Meals, Congregate Nutrition Non-Unit, and HDM Non-Unit.

ARPA-Congregate Meals is a service based on existing HCCBG standards for the provision of congregate meals, except that they may or may not meet normal nutritional requirements for providing one-third DRIs during the public health emergency and these meals are not eligible for NSIP subsidies.

ARPA-Home Delivered Meals is a service based on existing HCCBG standards for the provision of home-delivered meals, except that they may or may not meet normal nutritional requirements for providing one-third DRIs during the public health emergency and these meals are not eligible for NSIP subsidies.

ARPA-Congregate Nutrition Non-Unit supports such expenses as groceries, produce boxes, personal protective equipment, food service equipment, and other costs associated with providing a congregate meal eaten in person/virtually where people dine together. Includes cost associated with start-up of new sites, staff hiring, and new partnerships providing congregate meals.

ARPA-HDM Non-Unit supports such expenses as produce boxes, personal protective equipment, food service equipment, and other costs associated with providing service.

ARPA funding may be used to continue alternate methods of service delivery as part of COVID response and recovery. Per the Administration for Community Living, flexibilities written into service provider contracts executed during the Major Disaster Declaration can continue until obligations are liquidated or until the period of obligation ends (*Funding Flexibilities for Senior Nutrition Programs*, updated October 2021).

Based on ACL guidance, flexibilities under the public health emergency apply to both regular OAA nutrition funding and the emergency supplementals like ARPA authorized by Congress.

- Allowable ARPA flexibilities under the congregate or home-delivered codes include the delivery of meals that may or may not meet the normal nutritional requirements for Dietary Reference Intake (DRI) and the Dietary Guidelines for Americans (DGA).

- Allowable ARPA flexibilities also include the provision of grocery/produce boxes provided under the non-unit ARPA congregate or home-delivered codes.

- Regular OAA nutrition funding flexibilities include services allowed under HCCBG III-C2 code 185 to set up congregate carry-out meal programs.

- Earlier in the COVID response, code 185 allowed providers to provide home-delivered meals to congregate clients. If there are communities where meal delivery to congregate clients is still needed to provide a meaningful COVID response, then providers may need to obligate those flexibilities in both nutrition and transportation contracts. Under these flexibilities, a provider could use either ARPA transportation code 259 or HCCBG III-B Transportation COVID code 251 to support meal delivery trip to a client.

Except as noted above, budgeting, reporting, and tracking program expenses will be the same for ARPA and HCCBG. Like previous pandemic relief funds, completed client registration forms (DAAS-101) are required for clients receiving ARPA nutrition-funded services, such as meals and produce/food boxes. Regular consumer contribution policy requirements apply to nutrition services under ARPA.

DAAS encourages AAAs to allocate ARPA funds to local service providers to strengthen their capacity to expand service delivery to historically marginalized individuals.

Family Caregiver Support Services

The Family Caregiver Support Program has continued to serve eligible caregivers with flexible and person-centered solutions throughout the pandemic. Many AAAs and local providers adopted voucher programs, broadened their supplemental service offerings, expanded their flexibilities, and formed new partnerships to enable the FCSP to meet growing and changing needs. ARPA funding will allow AAAs and providers to continue pursuing solutions that help caregivers remain in their caregiving role, keep a focus on person-centered solutions, and adopt transitional activities that strengthen the network of support available to family caregivers.

Codes for the following non-unit ARPA FCSP services are presented in Appendix A. ARPA can be used to fund caregiver services based on the same OAA Title III-E eligibilities and populations and the same required areas of caregiver support as outlined below and explained in more detail in the FCSP Program Manual (see eligibility requirements in Administrative Letter 20-11). Regular consumer contribution policy requirements apply to FCSP services under ARPA.

- Information to caregivers about available services
- Assistance to caregivers with gaining access to services

- Individual counseling, training, and support groups
- Respite services to temporarily relieve caregivers
- Supplemental services on a limited basis

FC-ARPA Program Planning & Administration is the FCSP service allocation for administrative program costs, such as bulk purchases and public information materials related to pandemic recovery and outreach to caregivers.

FC-ARPA Information is the FCSP allocation for outreach/program promotion and social media activities specific to building new partnerships on behalf of caregivers and reaching new caregivers who have not been served by FCSP in the past.

FC-ARPA Access is the FCSP service allocation for helping caregivers navigate resources and access services needed to build their own supports after the pandemic.

FC-ARPA Counseling, Training, Support Groups is the FCSP service allocation for supporting caregiver well-being and coping needed to build supports after the pandemic.

FC-ARPA Respite is the FCSP service allocation for providing respite care to caregivers during the pandemic recovery. The type of respite care should be identified.

FC-ARPA Supplemental is the FCSP service allocation for expenditures that allow caregivers to continue safely caring for the care recipient during a pandemic recovery phase. Includes consumable supplies, assistive technologies, safety/DME equipment, and emergency response systems. Food vouchers or grocery/produce boxes for caregivers will be allowed as a consumable under ARPA-Supplemental.

During the ARPA project period, the core FCSP services will continue to include the following program allowances in support of pandemic recovery. The notes below also provide some reminders about regular FCSP funding that may be helpful in terms of blending funding sources to help caregivers safely maintain care recipients at home longer.

- The 20% cap on FC-ARPA Supplemental Services is waived.

- There will be a combined ARPA cap of $3,500 over the ARPA project period per individual for FC-ARPA Respite and FC-ARPA Supplemental Services. Requests to exceed the ARPA cap may be submitted to DAAS with written justification.

- In addition to the ARPA cap that provides flexibilities across respite and supplemental services, providers are reminded that the FCSP Program Manual sets a combined $2,500 cap per fiscal year for respite provided by either regular FCSP funding or Project C.A.R.E. funding.

- Caregiver-directed respite vouchers under ARPA can be used to hire immediate family members so long as the person is age 18 or older, does not reside in the same household/home as the care recipient, does not play an active role in care delivery, and does not have a legal or financial relationship with the care recipient (e.g., power of attorney or guardianship).

- Regular FCSP or ARPA funding may be used to provide caregiver respite even when Medicare Hospice is paying for up to 5 days of in-home respite care.

- AAAs may continue to use the regular FCSP process for funding "other supplemental services as approved by DAAS." The FC-ARPA Supplemental Services funding will continue to support expenditures allowed under the CARES Act funding (as listed in the

code description in Appendix A) without a provision for other supplemental services as approved by DAAS.

Title VII Long-term Care Ombudsman

The Administration on Community Living has awarded ARPA funding for the Ombudsman Program under Title VII of the OAA. ARPA funding is being provided to each of North Carolina's 16 Area Agencies on Aging via the intrastate funding formula (10A NCAC 05C. 0404) for the purpose of responding to the COVID-19 public health emergency.

Funds must be expended on allowable Older American Act activities as defined within the Act, as well as in accordance with state and local policies. However, funds must be accounted for, tracked, and reported separately from recurring Older American Act funding.

Ombudsman programs will seek to expand their virtual and in-person presence to residents and their families and continue to promote the health, safety, welfare, and rights of residents in the context of COVID-19.

Below are examples of COVID-19 specific use of funds for consideration. These funds should augment, not supplant, annual AAA allocation for the long-term care ombudsman program.

- Title VII non-unit costs for assistive technology/software/equipment to conduct telework
- Consumable supplies such as PPE used for in-person visits to facilities
- Community outreach, e.g., advertising, postage, brochure printing, educational materials, etc.
- Training costs for advertising, recruiting, certifying, or providing continuing education virtually/in-person to current/prospective representatives
- Hiring of additional staff/extended hours, including associated personnel costs
- Travel to facilities
- Promotion of Family Council in long-term care
- Expansion of Community Advisory Committee capacity
- Outreach by multi-disciplinary teams to long-term care residents

As applicable, States should record the number of clients to whom service is provided, the name or category of services provided, the number of units of service provided, and the expenditures related to providing such services. Expenditures must be allowable and reasonable. (Fiscal FAQ—COVID-19 Response; issued by ACL on 5/3/2021).

There is no prior approval required to charge expenditures for COVID related activities to the ARPA funds and for pre-award costs incurred from 5/3/2021 forward to the effective date of the project period. Questions about Title VII ARPA funding and this guidance should be sent to Victor Orija at victor.orija@dhhs.nc.gov.

Budget Guidelines

Funds allocated to the AAAs under ARPA are available until spent or through September 30, 2024, whichever comes first. All allowable expenditures from the effective date of the NGA beginning 10/1/2021 will be reimbursed up to the allocated amount.

The Division of Aging and Adult Services is able to request a transfer of funding between Titles III-B, III-C1, and III-C2 in August 2022. All requests to move funds between these Titles must

be submitted to DAAS by July 15, 2022, to allow time for review and development of a transfer request. Funds cannot be moved between Titles III-B and III-C1 and III-C2 after July 15, 2022.

The initial budget loaded into ARMS will represent the AAA's full allocation on the Notice of Grant Award. The allocation for Legal Services will be equal to 2% of the Title III-B allocation in each AAA's initial budget. Unspent funds will be carried forward each year to the next state fiscal year. Unlike the Home and Community Care Block Grant, there will be no monthly limit on the portion of funding that can be reimbursed. AAAs may choose to manage the rate of spending based the tracking of provider budgets in ARMS.

<u>Equipment and Capital Expenditures</u> – As with all federal funds including ARPA, prior approval from the Division of Aging and Adult Services is required for equipment and capital expenditures of $5,000 or more. Equipment means tangible personal property (including information technology systems) having a useful life of more than one year and a per-unit acquisition cost of $5,000 or more.

The process of obtaining approval for capital expenditures under ARPA remains the same as for other COVID-related funding and the Home and Community Care Block Grant. DAAS has adopted prior approval guidelines for both <u>per-unit</u> equipment acquisition costs of $5,000 or more and also capital purchases that <u>per-transaction</u> collectively total $5,000 or more.

Providers must submit prior approval requests for the following:

- Any purchase where the total cost of the <u>single</u> transaction purchase is greater than $5,000. (Example: the purchase of 20 iPads at one time that are $299.00 each = total transaction cost of $5,980, which requires prior approval.)

- Any capital purchase of equipment in which the total <u>single</u> transaction cost is greater than $5,000. (Example: the purchase of two refrigerators at one time for $2,700 each = total transaction cost of $5,400, which requires prior approval.)

- Any capital purchase for renovations or building and grounds projects where the total project cost is greater than $5,000.

<u>No</u> prior approval request should be submitted for the following:

- Purchase of supplies or other consumables of $5,000 or more.

- Purchases where the <u>per-transaction</u> total on the receipt of purchase is less than $5,000.

- Any capital purchase for renovations or building and grounds projects where the total project cost is less than $5,000.

- Salary and fringe benefits, which are not a purchase and do not require prior approval for expending funds.

- Any purchases not defined above. DAAS strongly recommends that providers seek competitive pricing and quotes for purchases, in case questions arise at a later date for audit purposes.

DAAS has adopted guidelines to assure that expenditures are reasonable and chargeable to OAA grants. The purpose is to avoid the possibility of later disallowance or disputes (2 CFR §200.407).

AAAs and providers may find more information about the prior approval process in Administrative Letters 21-01, 20-16, and Change Notice 01-21 Revised for Administrative Letter 20-16.

Questions about ARPA service delivery should be addressed to the relevant program consultants and to Steve Freedman (steve.freedman@dhhs.nc.gov) or Phyllis Bridgeman (phyllis.bridgeman@dhhs.nc.gov) for assistance with other funding questions.

JMS/SF/PB/pg

ARPA Comprehensive ARMS Codes Listing as of 6/6/22

Please note that if under the code's name or description there is language in red this means the code is a non-unit code that will be tracked in ARMS. Those non-unit codes that will be tracked on the spreadsheet are indicated by an 'X' in the far right column. All other codes are unit based.

Adult Day Care Program Service Codes	Name	Description	Track on Spreadsheet
934	ARPA-Adult Day Care	Services provided to an adult day care participant at certified adult day care program during the COVID-19 pandemic. A unit of service is defined as one day.	
959	ARPA-Adult Day Health	Services provided to an adult day health care participant at certified adult day health care program during the COVID-19 pandemic. A unit of service is defined as one day.	
Care Management Program Service Code	Name	Description	
963 [mirror BG code 610] [this is non-unit code with a client and unit reporting requirement]	ARPA-OAA Care Management	Support the provision of Care Management activities as defined in the HCCBG Care Management Standards Definition of Service, III.A. in assisting functionally impaired older adults with complex care needs to obtain necessary services. One unit=one month of care coordination. This code will be captured in ARMS-do not report on tracking spreadsheet.	
Chore Services Program Service Codes	Name	Description	
047 [this is non-unit code with a client and unit reporting requirement]	ARPA-Chore Services	Assistance such as heavy housework (including decluttering and taking trash to the dump), yardwork, or sidewalk maintenance. Examples include scrubbing floors, washing walls, washing windows indoors, and moving furniture. One unit = one hour.	
048 [this is non-unit code with a client and unit reporting requirement]	ARPA-Chore Enhanced Services	Assistance such as cleaning carpets, washing windows outside, and household maintenance that requires thorough cleaning, including appliances. May include simple repairs inside the home that do not require a permit or specialist to provide a safe, orderly living environment. Examples include fixing or attaching a towel bar, toilet paper holder, ~~or~~ broken cupboard door, or a sweep to a door. Does NOT include handyman repairs, such as replacing a toilet (plumber needed), replacing a light switch or light fixture/fan (electrician needed), or construction like building a ramp (carpenter needed). Pest control may be included when not performed as a distinct activity. One unit = one hour.	
Consumer Directed Services Program Service Codes	Name	Description	
517	ARPA-CDS Financial Management Services	Provide support to individuals/families requiring assistance with basic human resource activities such as payroll, payroll taxes, workers compensation and criminal background checks. One unit=one monthly contact.	
518	ARPA-CDS Personal Assistant	Services are intended to provide support to individuals/families requiring assistance with basic activities of daily living and home management tasks. One unit=one hour of service.	

519	ARPA-CDS Care Advisor	Non-unit cost such as eligibility determination, needs assessment, CDS enrollment, POC and budget development, regular contact to provide advice to client. One unit=one contact. This code will be captured in ARMS-do not report on tracking spreadsheet.	
Family Caregiver Support Program Codes	**Name**	**Description**	**Track on Spreadsheet**
878	**FC-ARPA Program Planning & Administration**	Administrative program costs, such as bulk purchases and public information materials related to pandemic recovery and outreach to caregivers. One unit= one expense.	X
879	**FC-ARPA Information**	Outreach/program promotion and social media activities specific to building new partnerships on behalf of caregivers and reaching new caregivers who have not been served by FCSP in the past. One event/post associated with audience size is recorded for tracking purposes.	X
880	**FC-ARPA Access**	Support to help caregivers navigate resources and access services needed to build their own supports after the pandemic. One session/contact is recorded for tracking purposes.	X
881	**FC-ARPA Counseling, Training, Support Groups**	Support caregiver well-being--develop coping tools to continue to meet their needs during the pandemic. For tracking purposes, number of participants is recorded for each subcategory. In addition, the number of hours is tracked for counseling and training and the number of sessions is tracked for support groups.	X
882	**FC-ARPA Respite**	Respite care provided to caregivers during the pandemic recovery. All respite types paid for through ARPA funding should be coded under this category. The type of respite should be identified. Number of hours or respite is recorded for tracking (ex: 4 hours=4 units).	X
883	**FC-ARPA Supplemental**	Expenditures that allow a caregiver to continue safely caring for the care recipient during a pandemic recovery phase. This category includes consumable supplies, assistive technologies, safety/DME equipment, and emergency response system to further a caregiver's ability to continue to provide care. Track the number of items provided (ex: 1 case of cleaning supplies and 1 robotic pet=2 units).	X
Health Promotion Program Service Codes	**Name**	**Description**	
402 **[mirror BG code 401]**	**ARPA-III-D Evidence-Based Health Promotion**	ACL approved evidence-based health promotion/disease prevention program expenses such as training materials, program licenses, and other unique items that allow providers to continue and expand service. One unit=one item purchased. May include training for both seniors and staff in these programs. This code will be captured in ARMS-do not report on tracking spreadsheet	
403 **[mirror BG code 220]**	**ARPA-III-B Health Promotion**	Services allowable under current HCCBG III-B Health Promotion Service Standards which includes screening for the prevention of depression, coordination or community mental and behavioral health services, provision of educational activities, and referral to psychiatric and psychological services. Also includes non-ACL approved evidence-based	

		health promotion and disease prevention programs (i.e., ASIST, Mental Health First Aide), including programs related to the prevention and mitigation of the effects of chronic disease, alcohol and substance abuse reduction, smoking cessation, weight loss and control, stress management, falls prevention, physical activity, and improved nutrition. May include expenses such as training materials, program licenses, other unique items, and training for both seniors and staff in these programs that allow providers to continue and expand service. One unit=one expense or one item This code will be captured in ARMS-do not report on tracking spreadsheet	
Housing and Home Improvement Program Service Code	**Name**	**Description**	**Track on Spreadsheet**
942 **[this is non-unit code with a client and unit reporting requirement]**	**ARPA-Housing & Home Improvement**	Non-unit service for Housing/Home Improvement services such as home repairs, mobility and accessibility improvements, security enhancements, and appliances. One unit=one project. This code will be captured in ARMS-do not report on tracking spreadsheet.	
947 **[this is non-unit code with a unit reporting requirement]**	**ARPA-Housing Information & Assistance**	Non-unit service code allows for funding of staffing costs (salaries, fringe, travel, training, etc.) for housing staff dedicated to providing assistance with housing case management and navigation, oversight of housing programs, and other related duties. One unit=one contact. This code will be captured in ARMS-do not report on tracking spreadsheet.	
Information and Options Counseling (I&OC) Service Codes	**Name**	**Description**	
050 **[mirror BG code 040]**	**ARPA-Information and Assistance**	This non-unit code supports the provision of the Information and Options Counseling (I&OC) service as outlined in the I&OC Standards. Budgeting, reporting, and tracking these expenses will be the same for ARPA as for HCCBG. This ARPA code will handle budget, and it will also track I&A contacts entered monthly in ARMS. One unit=one individual contact. This code will be captured in ARMS-do not report on tracking spreadsheet.	
441 **[mirror BG code 440]**	**ARPA-Information and Options Counseling**	This non-unit code supports the provision of the Information and Options Counseling (I&OC) service as outlined in the I&OC Standards. Budgeting, reporting, and tracking these expenses will be the same for ARPA as for HCCBG. One unit=one month of options counseling. This code will be captured in ARMS-do not report on tracking spreadsheet.	
In-Home Aide Program Service Codes	**Name**	**Description**	
945	**ARPA-In Home Aide Level I Home Management**	Services at Level I are intended to provide support to individuals/families requiring assistance with basic home management tasks such as housekeeping, cooking, shopping and bill paying. One unit=one hour.	
946	**ARPA-In Home Aide Level II Personal Care**	Services at Level II are intended to provide support to individuals/families requiring assistance with basic activities of daily living and home management tasks. One unit=one hour.	

Legal Program Service Code	Name	Description	
999	ARPA-Legal Services	Legal services are to be provided to seniors 60+ related to COVID-19 concerns. Priority of service is for individuals with the greatest social and economic needs. One unit = one hour of service.	

Long-term Care Ombudsman Service Code	Name	Description	
998	ARPA-LTC Ombudsman	Title VII non-unit costs for activities in elder abuse prevention such as public education, and outreach to help identify, and prevent elder abuse, data collection on the extent of abuse, neglect, and exploitation in long-term care facilities; training for individuals, professionals and paraprofessionals on prevention of elder abuse and enhancement of resident self-determination and autonomy, and technical assistance and training on elder abuse prevention to individuals including local ombudsmen and representatives of the Ombudsman Office. One unit=one occurrence/activity/event. Note: regardless of how much time the activity takes, it is only one unit.	X
989	ARPA-III-B LTC Ombudsman	Title III-B non-unit costs for activities in elder abuse prevention such as public education, and outreach to help identify, and prevent elder abuse; data collection on the extent of abuse, neglect and exploitation in long-term care facilities; training for individuals, professionals and paraprofessionals on prevention of elder abuse and enhancement of residents' self-determination and autonomy; and technical assistance and training on elder abuse prevention to individuals including local ombudsmen and representatives of the Ombudsman Office. One unit=one occurrence/activity/event. Note, regardless of how much time the activity takes it is only one unit. This code should be used only if Title VII funds are fully budgeted.	X

Long-Term Services and Supports Service Codes	Name	Description	Track on Spreadsheet
200 [mirror BG code 220]	ARPA-LTSS Case Management	This non-unit service code may be used by AAAs to support accreditation costs and staffing (e.g., salaries, fringe, travel, equipment) to establish a care management/care coordination/care advisory program according to national standards. 1 unit=1 item/expense. This code will be captured in ARMS-do not report on tracking spreadsheet.	
201 [mirror BG code 040]	ARPA LTSS Outreach to Underserved Targeted Populations	This non-unit service code defines outreach as interventions for the purpose of identifying potential clients and encouraging their use of existing services and benefits across funding sources. Outreach is a count of one-on-one contacts between an agency and individual older adults or persons acting on their behalf. An activity that involves contact with multiple current or potential clients or caregivers can only be counted if it is possible to do a head count or if there is a sign-in sheet. Activities that involve contact in a mass media environment will support the overall goals of outreach but will not be tracked for reporting purposes. One unit=one individual contact. This code	

		will be captured in ARMS-do not report on tracking spreadsheet.	
Mental Health Counseling Service Code	**Name**	**Description**	
161 **[mirror BG 160]**	**ARPA-Mental Health Counseling**	Services that incorporate case consultation, evaluation, and outpatient treatment to older adults who are experiencing mental health problems. One unit=one expense or one item. This code will be captured in ARMS-do not report on tracking spreadsheet.	
Non-Unit III-B Access Services Code	**Name**	**Description**	
950 **(Trans/CM/IOC/LTSS Case Management/LTSS Outreach)**	**ARPA-Non-Unit III-B Access Services**	Allowable expenditures include consumable supplies such as PPE and cleaning supplies, COVID response and recovery items such as tablets, computers, cell phones, other technology, or devices, specialized COVID training and on-going staff COVID testing. As with previous COVID grants, tracking of these expenditures will be reported on the special DAAS excel spreadsheet. One unit=one item/expense	X
Non-Unit III-B In-Home & Support Services Code	**Name**	**Description**	**Track on Spreadsheet**
960 **(ADC, ADHC, CDS, CHORE, HHI, HP, IHA, Legal, MH Counseling, Shopping, Social Isolation, VPD)**	**ARPA-Non-Unit III-B In-Home & Support Services**	Allowable expenditures include consumable supplies such as cleaning supplies, personal hygiene supplies, (soap, toothpaste, toilet paper, sanitary wipes, incontinence supplies, etc.), COVID response and recovery items such as tablets, computers, cell phones, other technology, or devices, specialized COVID training and on-going staff COVID testing. As with previous COVID grants, tracking of these expenditures will be reported on the special DAAS excel spreadsheet. One unit=one item/expense	X
Nutrition Program Service Codes	**Name**	**Description**	
061	**ARPA-Home Delivered Meals**	Home Delivered Meals (III-C2) Meals to home-delivered meal clients that may or may not meet one-third of the recommended daily allowance dietary reference intake (RDA-DRI) requirements. Not eligible for NSIP. One unit=one meal.	
062	**ARPA-Congregate Meals**	Congregate Nutrition Meals (III-C1) Meals to congregate nutrition program clients that may or may not meet one-third of the recommended daily allowance dietary reference intake (RDA-DRI) requirements. Not eligible for NSIP. One unit=one meal.	
906	**ARPA-HDM Non-Unit**	Home Delivered Meal expenses for participants such as produce boxes, PPE, food service equipment and other costs associated with providing service. One unit=one item purchased or one expense.	X
907	**ARPA-Cong Nutr Non-Unit**	Congregate Nutrition Meal expenses for participants such as groceries, produce boxes, PPE, food service equipment and other costs associated with providing a congregate meal eaten in person/virtually where people dine together. Costs associated with start-up of new sites, staff hiring and new partnerships providing congregate meals. One unit = one item or one expense purchased.	X

Senior Center Operations Service Code	Name	Description	
172	ARPA-Senior Center Operations	Costs normally allowable for providers under SCO III-B can be used for provider's continuation and expansion of senior center operations. In addition to these costs, technology (tablets, computers, cell phone, other technology, or devices), acquisitions for pandemic response and recovery, delivery of groceries/produce boxes, specialized COVID training and staff testing, consumable supplies such as cleaning supplies (disinfectant sprays, wipes, sponges, other items to ensure cleanliness and safety) and PPE (masks, gloves, face shields) for both the center and for participants and older adults in the community are allowable. One unit= 1 expense or 1 item.	X
Shopping & Errands Service Code	Name	Description	Track on Spreadsheet
049 [mirror BG code 043]	ARPA-Shopping & Errand Services	Assistance with shopping and errands, including help with getting to and from stores and pharmacies, assistance at the store, assistance in the home unpacking and storing purchases, or running errands for an older adult. One unit = one hour.	
Social Isolation Service Codes	Name	Description	
404 [mirror BC code 220]	ARPA-Social Isolation-Digital Technology Purchases	Equipment to enable live social interactions, including laptops, tablets, or any other technological devices accessible from a socially isolated individual's residence. Does not include equipment purchases for use only at senior centers, congregate nutrition sites, or other locations offering social engagement and health promotion opportunities. One unit=one expense or one item. This code will be captured in ARMS-do not report on tracking spreadsheet.	X
405 [mirror BC code 220]	ARPA-Social Isolation-Digital Training & Programming	Personal assistance, training, educational resources, programming and/or counselling to help socially isolated individuals learn skills or receive social/emotional support. May include training for both seniors and staff. Examples include assistance/training to use digital devices, social bridging program, friendly visitation, wellness checks, or telephone reassurance. One unit=one expense or one item. This code will be captured in ARMS-do not report on tracking spreadsheet.	
Transportation Service Code	Name	Description	
259 [mirror BG code 250]	ARPA-Transportation	Provides transportation to medical care facilities and general transportation to community resources or other locations to access services or accomplish activities necessary for daily living. Service activity includes transport from one location to another. Does not include any other activity. One unit=one way trip.	
249 [mirror BG code 250]	ARPA-Assisted Transportation	Provides personal accompaniment and assistance to an eligible older adult experiencing physical or cognitive difficulties using regular transportation to or from service providers, medical appointments, or other needed destinations. Providing aide assistance	

		is essential for assuring safety, security, and support for eligible clients being transported. One unit=one-way trip.	
248 **[mirror BG code 610 EXCEPT that 1 unit=1 one-way trip AND provider will report # trips/month for each client by state-defined S/R/W/]** **[this is non-unit code with a client and unit reporting requirement]**	**ARPA-Transportation Vouchers**	Provides a transportation voucher to an eligible older adult for transport within a designated timeframe to grocery/retail stores, medical appointments, or other locations to access services necessary for daily living. May include gas vouchers, mileage reimbursements, transit passes, or vouchers for taxis and/or other private transportation providers. The voucher rate, reimbursement process, and schedule are negotiated by the service provider in written agreements with vendors and consumers. Service activity includes taking an eligible person from one location to another. Does not include any other activity. One unit=one-way trip. This code will be captured in ARMS-do not report on tracking spreadsheet.	
Volunteer Development Service Code	**Name**	**Description**	**Track on Spreadsheet**
291	ARPA-Volunteer Program Development	Expense associated with hiring of personnel for volunteer development and coordination which allows providers to extend staff capacity and develop programming to continue operating during and after the pandemic, and mileage reimbursement to support volunteer expansion and retention during the pandemic recovery. One unit=one assignment (hiring) or one monthly mileage reimbursement. .	X

**REQUIREMENTS AND GUIDANCE FOR NEW ARPA SERVICES
FUNDED UNDER**

INCREASED ACCESS TO SERVICES AND SUPPORTS

NEW POLICIES	ARPA CODE	EXISTING POLICIES	ARPA CODE
LTSS Case Mgt	200	OAA Care Mgt	963
LTSS Outreach to Underserved Target Populations	201	CDS Care Adviser	519
		Information & Assistance	050
* Non-Unit III-B Access Services	950	Information and Options Counseling	441
* TRACK ON EXCEL SPREADSHEET			

A central state priority for use of ARPA funds is to assure expanded access to long-term services and supports (LTSS) for older adults and family caregivers across funding sources and to assure expanded outreach to underserved target populations. There are many pathways to a strong statewide network for helping seniors connect to services they need. The aging network may have existing programs or past experience with outreach programs, information and options counseling, care management, and consumer-directed services – all of which can be funded under the ARPA grant at the regional or local level.

Appendix B focuses on two new ARPA services that can be used to support this statewide priority: **200 ARPA-LTSS Case Management** and **201 ARPA-Outreach to Underserved Target Populations.**

ARPA-LTSS Case Management may be funded by NC AAAs seeking accreditation from the National Committee for Quality Assurance. Those AAAs will also need a budget for delivery of at least six month of services – either Consumer-Directed Services or Care Management – since the accreditation process includes a site visit to review actual care management service delivery.

ARPA-Outreach to Underserved Target Populations is the other new ARPA service described below. Although outreach is a function carried out within many service budgets, this service code may be used to expand staff capacity in support of the Increased Access to Services and Supports priority or to fund staff in support of regional initiatives, such as collaborations between AAAs and their provider networks and Community Health Workers doing outreach for public health programs.

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200 ARPA-LTSS Case Management

LTSS Case Management is a non-unit ARPA service that may be used by AAAs to support NCQA accreditation gap analysis follow-up, evaluation survey, consultation to prepare for accreditation, application for accreditation, and expenses related to associated staffing. Use of this code for allowable accreditation expenditures is available to AAAs who select Care Management or Home Care Independence (Care Advisor role) as their path for NCQA LTSS Case Management accreditation.

AAAs using code 200 ARPA LTSS Case Management for accreditation costs must establish separate budgets under the following service standards or program requirements, as appropriate for the AAA's accreditation plans, to support the minimum of six-months of service delivery required by the national accreditation process prior to a site visit:

- HCCBG Care Management code 610

- ARPA OAA Care Management code 963

- HCCBG Consumer- Directed Services codes 500, 501, and 503

- ARPA Consumer Directed Services codes 517, 518, and 519

Requirements for which this service will be monitored:

➢ Eligibility requirements will not apply to this service.

  o When service delivery begins for the AAA's accreditation process or for an accredited program, at that point the requirements for eligibility, target population, and/or priority of service will be governed by the appropriate service standards or program requirements funded under separate allocations.

➢ Policies & procedures:

  o The AAA's policies and procedures under development for either Care Management or Consumer-Directed Services need to align with national accreditation requirements and the appropriate NC service standards or program requirements.

➢ Allowable and unallowable expenditures:

  o This ARPA-LTSS Case Management code is for accreditation costs and program start-up costs (primarily staffing and related costs), which are outlined below.

    ▪ The AAA seeking accreditation should plan to establish a separate budget under Care Management or Consumer-Directed Services for actual service delivery.

    ▪ When expenditures for client services begin, an accredited AAA may have multiple funding sources (e.g., both OAA and Medicaid) for the provision of case management, care coordination, or care adviser. Expenditures must be cost allocated when appropriate according to the eligibility of clients served and other program requirements.

  o Accreditation costs:

    ▪ Accreditation costs may include accreditation gap analysis follow-up, the evaluation survey, application fee, and consultation for accreditation preparation.

    ▪ AAAs may budget for a contract with the NC Center for Health and Wellness to support the Network Lead Entity, which fulfills fiscal and other core functions for LTSS Case Management hubs and the health plans with which they contract. The current expectation is that the NLE will use other funding to purchase case management software for an IT hub, but AAAs may use the ARPA LTSS Case Management budget to pay for annual user fees under a justifiable cost allocation plan.

- A cost allocation plan may vary according to the stage of development of the AAA's accreditation program with costs being paid by OAA ARPA in the beginning under code 200 ARPA-LTSS Case Management. Affected AAAs might not have operational LTSS Case Management programs under health plan contracts until later in the project period or after the ARPA project ends.

- Eventually those contracts will serve health plan members, and the AAA will need a justifiable way to allocate expenditures so that federal costs are braided appropriately. One way to allocate costs among braided federal funding sources (e.g., Medicaid, Medicare, and OAA) might be to assign proportional costs based on a comparison of the number of Medicaid/Medicare-eligible members in the coverage area of the health plan with the number of eligible older adults aged 60 and older in the same coverage area.

  o Other program start-up costs:

  - Staffing costs may include salary, payroll taxes, fringe benefits, travel, equipment (e.g., cell phone, laptop, etc.), and staff training. After service delivery begins, these expenses may be charged to the actual service allocation.

  - AAAs may hire staff under code 200 ARPA-LTSS Case Management to start up the program. It is allowable for neighboring regions to share the costs of this FTE (either a Social Worker or R.N.) through a Memorandum of Agreement.

Guidance:

➢ Accreditation credentials from the National Committee for Quality Assurance for case management services can support programs to increase service access, but AAAs not interested in seeking national accreditation are encouraged to fund any other ARPA services in line with regional goals. It is important to understand that the primary goal of the state unit on aging is to connect more seniors and their caregivers to needed services. AAAs are highly encouraged to establish or expand other programs under HCCBG or ARPA Information and Options Counseling, ARPA Outreach to Targeted Underserved Populations, or non-accredited Care Management and Consumer-Directed Services.

➢ AAAs can blend and braid federal funding as appropriate to meet their regional goals for increasing service access.

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201 ARPA-LTSS Outreach to Underserved Target Populations

LTSS Outreach to Underserved Target Populations is a new non-unit ARPA service with a familiar function: interventions for the purpose of identifying potential clients and encouraging their use of existing services and benefits. Outreach staff should have knowledge of information/resources that include but go beyond OAA services in order to provide information and referrals needed by eligible older adults to long-term services and supports across funding sources. There will be no requirement for completion of a DAAS-101 for this non-unit service code. Tracking outreach in ARMS will be like I&A reporting: a count of contacts between an agency and individual older adults or persons acting on their behalf. Activities that involve contact in a mass media environment will support the overall goals of outreach, but will not be

tracked for reporting purposes. Agencies will be responsible for documenting outreach efforts and contacts.

Requirements for which this service will be monitored:

- Eligibility
    - Older adults aged 60 and older or persons acting on their behalf

- Priority of service
    - Outreach efforts must prioritize OAA target populations: older individuals with the greatest economic and social need (with particular attention to low-income older adults, including low-income minority older adults, older adults with limited English proficiency, and older adults residing in rural areas).

- Policies & procedures:
    - Policies must include that the agency conducts outreach to older adults aged 60 and older or persons acting on their behalf for the purpose of providing information that will connect them to existing services and benefits across funding sources.
    - Policies must indicate that outreach activities will include outreach to underserved target populations identified in the Older Americans Act.

- Allowable expenditures:
    - Staffing costs including salary, fringe benefits, travel, equipment (e.g., cell phone, laptop), staff training, etc.
    - Printing brochures, flyers, and other resource materials, outreach agency contact information, and billboards or other public spaces such as transit vehicles that present information related to services and supports. This does not include promotional items.
    - Online resources to support outreach, e.g., email distribution platforms such as Constant Contact or Mailchimp and online survey tools such as SurveyMonkey or SurveyMAX.
    - Translation services if needed for outreach materials.

- Required documentation:
    - The provider must document outreach efforts to target older individuals with the greatest economic and social need, (with particular attention to low-income older adults, including low-income minority older adults, older adults with limited English proficiency, and older adults residing in rural areas).
    - The agency must keep a log of individual and group outreach contacts between the agency and individuals, including at a minimum the date of contact, name of the individual or group event, and information or resources shared.
    - Supporting documentation, such as sign-in sheets, newspaper ads/articles, online media postings, flyers, etc., must be kept on file.
    - The agency must track and report in ARMS the monthly count of one-on-one contacts between the agency and individual older adults or persons acting on their

behalf. An activity that involves contact with multiple current or potential clients can only be counted if it is possible to do a head count or if there is a sign-in sheet. Activities that involve contact in a mass media environment will support the overall goals of outreach, but will not be tracked for reporting purposes.

Guidance:

➢ In addition to the required documentation listed above, providers may need additional information like phone numbers, email, etc., to do targeted outreach and follow-up.

➢ The OAA requires outreach to target older individuals with the greatest economic and social need. ARPA outreach providers are encouraged to try new approaches to "social need" that address social isolation and loneliness among older adults and caregivers during the pandemic recovery. Perhaps our successes with social distancing during the pandemic should be the catalyst for a new emphasis on outreach and information that support social engagement, health, and wellness programs.

➢ Outreach providers are encouraged to seek out new and non-traditional partners, ministries, and businesses in an effort to reach underserved target populations. Once outreach programs have been offered, new partnerships may become the new locations for meals, activities, and programming. It may be possible to recruit volunteers from these new partners to carry the outreach message into their communities

➢ There is growing interest in the Community Health Worker program established by Public Health agencies to connect with underserved target populations as an effective way to communicate public health messages.

➢ Translation services for underserved target populations and appropriate messaging in resource material may also be an important consideration so they are easy to understand.

**REQUIREMENTS AND GUIDANCE FOR NEW ARPA SERVICES
FUNDED UNDER**

TRANSPORTATION SERVICES
[return to letter]

NEW OR MODIFIED POLICIES	ARPA CODE
Transportation	259
Assisted Transportation	249
Transportation Vouchers	248

259 ARPA-Transportation

ARPA-Transportation is a unit-based service that provides regular transportation services to medical and/or general transportation destinations. The DAAS-101 will be completed on each client, and the number of one-way trips per month will be tracked in ARMS.

Requirements for which this service will be monitored:

➢ Same as for the HCCBG transportation service standards with one exception: this service allocation does not make a distinction between medical and general destinations for reporting purposes. Allowable expenditures may include rides to medical care facilities as well as general transportation to community resources or other locations to access services or accomplish activities necessary for daily living.

Guidance:

➢ ARPA funding can be used to expand existing transportation services, but AAAs also are encouraged to assess unmet mobility needs. New transportation services and/or pilot projects may be supported as part of COVID-19 pandemic recovery.

➢ A new service option called ARPA-Assisted Transportation can supplement existing or new services by providing a transportation aide to older adults who otherwise could not use regular transportation without assistance.

➢ Existing services can also be supplemented if appropriate by a new service option called ARPA-Transportation Vouchers as outlined below. If AAAs have locations in their Planning and Service Areas or timeframes that are not part of existing transportation services (such as out-of-county medical destinations or days of the week without service options), then ARPA funding can be used to pilot new service options. Voucher programs may support additional options beyond regular transportation services by paying mileage reimbursements, offering gas station vouchers, or reimbursing trips by taxis, other private transportation companies, and bus systems.

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249 ARPA-Assisted Transportation

ARPA-Assisted Transportation is a new unit-based ARPA service that provides personal accompaniment to an older adult with physical or cognitive difficulties when assistance is essential in order to ride regular transportation. The DAAS-101 will be completed on each client, and the number of one-way trips per month will be tracked in ARMS.

Requirements for which this service will be monitored:

➢ Same as for HCCBG transportation service standards with one exception: in addition to regular transportation services to or from service providers, medical appointments, or other needed destinations, this service has the additional component of providing transportation aides to accompany older adults and help with their transportation needs.

➢ Eligibility:
   o Age 60+.
   o Section IV of the DAAS-101 (IADLs) affirms that an eligible older adult cannot travel independently and needs assistance to use transportation services.

➢ Policies & procedures:
   o Provider must define the scope of this program in written policies and procedures and describe the role of the transportation aide in providing assistance.

➢ Allowable and unallowable expenditures:
   o Trip costs related to a transportation contract or mileage reimbursements.
   o Staffing costs, including transportation aides to accompany eligible older adults with physical or cognitive difficulties who need assistance to use transportation services.

➢ Required documentation:
   o Provider must track and report in ARMS on a monthly basis the number of one-way trips by client per month.
   o Unit rate calculation for one-way trips may include:
      ▪ Trip costs related to a transportation contract or mileage reimbursements.
      ▪ Staffing costs, including transportation aides to accompany eligible older adults with physical or cognitive difficulties who need assistance to use transportation services.

Guidance:

➢ Under this allocation, the transportation aide may accompany an eligible older adult on a public transportation vehicle, agency vehicle, personal vehicle, bus, taxi, or other private transportation company vehicle. Family caregivers may not be paid as transportation aides.
   o Driver and vehicle requirements outlined in the HCCBG transportation service standards apply.
   o Agencies that do not own vehicles and do not have commercial auto/umbrella insurance should consider obtaining liability insurance for non-owned auto coverage, if appropriate, per DHHS client transportation policy. This type of coverage typically covers liability for a vehicle accident involving a volunteer, employee, or contract transportation provider.

➢ Transportation aides may also assist at the destination, but the scope of this assistance should be described in the provider's policies and procedures. Off-duty competency tested aides could be hired as transportation aides if the level of personal assistance in a provider's scope of services indicates this level of expertise is needed. In general, it is recommended that providers focus the primary purpose of Assisted Transportation service delivery on helping a person who has physical or cognitive difficulties to use regular transportation.

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248 ARPA-Transportation Vouchers

ARPA-Transportation Vouchers is a transportation service that provides a voucher to an eligible older adult for transport within a designated timeframe by a volunteer driver, bus, taxi, or other private transportation company. The voucher rate, reimbursement process, and schedule must be negotiated by the voucher provider in written agreements with vendors and consumers. The number of one-way voucher trips per month will be tracked and reported in ARMS according to a Site/Route/Worker (S/R/W) code for each voucher payment type, but reimbursement will be based on a total monthly non-unit reimbursement request by the provider.

Requirements for which this service will be monitored:

➢ Same as HCCBG transportation service standards with the following exceptions: (1) this service allows for certain requirements to be waived or modified when needed to accommodate modes of travel that may be different from existing transportation options and (2) this service requires additional documentation for new payment options.

➢ Policies & procedures:
  o The provider's written policies and procedures must define the scope of the voucher program and identify the transportation modes and payment options that will be offered (volunteer driver, bus, taxi, and/or private transportation company). A transportation voucher guarantees that consumers can exchange a voucher for transportation under the provider's written agreement with a volunteer or vendor to reimburse volunteer mileage or the cost of each one-way trip.
  o Policies and procedures will outline the role of consumers in receiving and redeeming transportation vouchers and the role of the provider in issuing and reimbursing the vouchers.
    ▪ Volunteer transportation vouchers: policies and procedures will outline (1) whether volunteer drivers will be agency-recruited and/or consumer-recruited, (2) what the signed volunteer driver agreement will include, (3) what the signed voucher client agreement will include, (4) the process for issuing and redeeming transportation vouchers (either flat rate vouchers for gas purchases and/or mileage reimbursements), and (5) the documentation that must be returned to the voucher provider.
    ▪ Vendor transportation vouchers: policies and procedures must specify that negotiated agreements with vendors will include the voucher rate, the reimbursement process, and the schedule for redemption and payment as part of the agreement. Vendors may include gas stations that accept flat-rate vouchers for gas and/or taxis, private transportation companies, or public bus systems that accept vouchers for rides. In all cases, the vendor agreements will provide for billing the provider on a regular basis, usually monthly.
  o The transportation service standards include basic requirements for drivers (e.g., aged 18 and older, valid drivers license) and vehicles (e.g., current inspections, liability insurance). It is not possible to assure compliance with these requirements when a consumer recruits their own volunteer driver and vehicle, so it is recommended that the voucher provider's policies and procedures include a signed consumer attestation that the consumer who recruits their own driver agrees to:
    ▪ Control the hiring, firing, and management of the driver,

- Accept responsibility and liability for negligent acts by the volunteer driver,
- Accept responsibility for assuring proof of licensure, insurance, and vehicle safety inspection.

➢ Allowable expenditures:
- o Staffing and related costs (e.g., salary, fringe, travel, training, equipment, etc.)
- o Justifiable vendor administrative surcharges to cover the cost of producing monthly invoices when products or services are provided on credit. DAAS recommends this billing surcharge should not exceed 5% of the invoice total if the voucher provider pays the transportation vendor within 60 days.
- o Mileage payments to agency-recruited volunteer drivers or consumer-recruited volunteer drivers.
- o Voucher reimbursements for gas sales at gas stations (no reimbursement of convenience store items).
- o Voucher reimbursements to taxis or other private transportation providers for per-trip costs.
- o Vouchers for transit bus passes

➢ Required documentation:
- o All ARPA transportation vouchers will include:
  - Name of eligible older adult
  - Issuance date and expiration date
  - Date of redemption
  - Appropriate fields for recording one-way trip documentation:
    - Start and stop odometer readings on the voucher or a trip log for mileage reimbursement calculation
    - Reimbursement value of the voucher when redeemed at a participating gas station (will vary based on trip request)
    - Reimbursement value of the voucher when redeemed by a bus system that has an agreement with the voucher provider
    - Actual per-trip costs to be inserted on date of trip per the provider's vendor agreements with taxis and/or private transportation companies
- o The DAAS-101 will be completed on each ARPA Transportation Voucher client.
- o Provider must track and report the number of one-way voucher trips by client per month in the following state-required ARMS S/R/W codes for different voucher payment options:
  - S/R/W 230 Mileage Voucher
  - S/R/W 231 Gas Vouchers
  - S/R/W 232 Taxi/Priv Trans Co
  - S/R/W 233 Bus Pass

- Provider will key a non-unit reimbursement request in ARMS on a monthly basis for the total of all transportation voucher payments.

- Provider must maintain source documentation for vouchers issued and redeemed by individual consumers according to the tracking of one-way trips in state-required S/R/W codes.

  - DAAS recommends that each voucher provider maintain a spreadsheet showing the monthly summary of trips for each client by payment options reported in the S/R/W codes.

Guidance:

➢ The new ARPA transportation voucher program offers several options for providers to consider funding under the ARPA grant, but the scope of service does not have to include all options. Providers are encouraged to spend time up front writing policies and procedures to define the scope of this program during start up.

➢ NC DHHS provides guidance for the provision of client transportation services, including the recommendation that agencies consider obtaining liability insurance for non-owned vehicles, if appropriate.

https://policies.ncdhhs.gov/departmental/policies-manuals/section-ix-transportation-services/manuals/client-transportation-services-guidelines

➢ Example of a transportation voucher:

_____ Travel Voucher Program   Voucher #_____

Issue Date: _____ Expiration Date: _____

Rider's Name (print): _____

Date of purchase or trip: _____

Destination/purpose of trip: _____

Reimbursement value of voucher when redeemed: $_____

Volunteer Rides: total 1-way trips_____

odometer start _____ odometer finish _____

SIgn and give to driver or gas station: _____
                              (Rider's Signature)

**REQUIREMENTS AND GUIDANCE FOR NEW ARPA SERVICES
FUNDED UNDER**

IN-HOME AND SUPPORTIVE SERVICES
[return to letter]

NEW POLICIES	ARPA CODE	EXISTING POLICIES	ARPA CODE
Chore Services	047	Adult Day Care	934
Chore-Enhanced Services	048	Adult Day Health	959
Shopping & Errand Services	049	CDS Financial Management Services	517
* Non-Unit III-B In-Home & Support Services	960	Housing & Home Improvement	942
		In-Home Aide Level I Home Management	945
MODIFIED POLICIES		In-Home Aide Level II Personal Care	948
CDS Personal Attendant	518	Legal Services	999
Housing Information & Assistance	947		
* Volunteer Program Development	291		
* Senior Center Operations	172		
* TRACK ON EXCEL SPREADSHEET			

ARPA funding can be used to support a number of core services under OAA Title III-B, including the ones listed above under In-Home and Supportive Services. The requirements and guidelines for any service listed above as having new or modified policies are detailed in this administrative letter (either the body of the letter or the appendices). Existing service standards provide the requirements and guidelines for all other ARPA services. Appendix D provides the requirements for two new chore services and a shopping/errand service.

Although the allowable services for Chore and Chore-Enhanced are different, the sections on Eligibility, Priority of Service, Policies and Procedures, Allowable Expenditures, and Required Documentation are exactly the same except for certain examples included. See guidance for additional discussion of the two Chore services, which may help providers address workforce shortages in the home care industry by contracting with cleaning and yardwork businesses. Also see guidance for the new Shopping and Errand service. There is clear overlap between the allowable tasks under these three new ARPA services and the tasks normally associated with In-Home Aide Home Management.

Even though the new ARPA services may overlap with in-home aide programs that are already funded, providers are encouraged to take time to plan for the scope of services that will be provided and the associated costs.

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047 ARPA-Chore

Chore Services is a new ARPA service that includes and goes beyond the IHA Level I Home Management tasks that are currently allowable as light housekeeping. Activities like assistance with heavy housework (including decluttering and taking trash to the dump), yardwork, or sidewalk maintenance will also fall under this new service. The DAAS-101 will be completed on each client. The number of hours of service per month for each client will be reported in ARMS, but reimbursement will be based on a total monthly non-unit reimbursement request by the provider.

- Allowable Chore services (ACL: CHORE for reporting purposes)
    - Light housekeeping such as the tasks provided under IHA Level I home management
    - Decluttering
    - Taking trash to the dump
    - Basic yardwork, e.g., easy mowing, raking leaves, and light yard chores
    - Sidewalk maintenance (e.g., sweeping dirt, rocks, leaves)
    - Scrubbing floors
    - Washing walls
    - Washing windows indoors
    - Pest control when authorized with other chore services

- Comparison to IHA Level I Home Management (ACL: HOMEMAKER for reporting purposes)
    - Basic light housekeeping, e.g., vacuuming, sweeping, dusting, light mopping, wiping counters, bathroom cleaning, etc.
    - Simple meal preparation
    - Shopping or transportation
    - Laundry (in-home or at laundry mat)

Requirements for which Chore services will be monitored:

- Eligibility
    - Older adults aged 60 and older
    - Section IV of the DAAS-101 (IADLs) affirms that the older adult cannot carry out light cleaning or heavy housework tasks without help and needs chore services to remain safely in the home or private living arrangement.

- Priority of service
    - To support service authorization after eligibility determination, DAAS recommends that Chore providers use a priority of service screening tool. In general, such tools help providers go beyond basic eligibility requirements to set applicant scores at a higher level if they have more need. See guidance below for more discussion.

- Policies & procedures:
    - Providers must establish their scope of work in written policies and procedures as the basis for service delivery and outreach. The scope of services will be used in outreach materials to communicate the agency's menu of service options and what tasks may be done under Chore services.
    - Chore services will be tracked in ARMS based on number of hours provided to individual clients on a monthly basis, even though reimbursement will be based on a non-unit total reimbursement request for the month.
    - The Chore provider will develop a task list agreement with each client based on the agency's menu of service options. See guidance below for more discussion.
    - The provider's vendor RFP and contracts will specify a scope of work as the basis for bids and contract billing, as well as the equipment and supplies that will be provided

under the terms of the contract. Providers may need multiple vendors in order to offer a broad list of allowable chore services. See guidance below for more discussion.

- ➤ Allowable expenditures:
    - o Contracts or agreements for purchase of services with cleaning businesses or landscapers (including for example their provision of supplies and tools for service delivery, such as brooms, mops, sweepers, vacuums, push mowers, rakes, wheelbarrows, etc.)
    - o Staffing costs – normal payroll costs such as salary, payroll taxes, fringe benefits, travel, and training for
        - ▪ Administrative program staff to take requests, screen applicants, authorize services, and schedule/train/supervise/manage employees or vendors who provide Chore services, or
        - ▪ Service delivery staff to provide Chore services in client homes.
    - o Justifiable supplies and equipment may be purchased with this budget (see guidance for more discussion)
    - o Justifiable administrative costs as detailed on the ARPA-732A.

- ➤ Required documentation:
    - o Tracking the provision of Chore services in ARMS:
        - ▪ Provider must report units of service (one unit = one hour of service) provided to each client in ARMS on a monthly basis
        - ▪ Provider will submit non-unit reimbursement requests for total Chore services on a monthly basis.
    - o Vendor contracts or purchase of services agreements, if applicable.
    - o Source documentation for unit verification and fiscal verification of information in ARMS:
        - ▪ DAAS-101 completed and updated as required.
        - ▪ Summary of how monthly units by client were totaled for the non-unit reimbursement request in ARMS for the sample month(s) reviewed.
        - ▪ Provider's source documentation for dates of Chore service to individual clients, including such documentation as:
            - • Client task list agreement or other service plan with worker signatures and dates
            - • Vendor invoices with client names, specific dates of service, and hours billed.
            - • Employee timesheets with client names, specific dates of service, and hours worked.
    - o Completed budget documents (732,732 A, 732 A1).

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048 ARPA Chore-Enhanced Services

<u>Chore-Enhanced Services</u> is another new ARPA service for activities like assistance with washing windows, household maintenance requiring thorough cleaning including appliances, cleaning carpets, simple repairs inside the house, and pest control in conjunction with cleaning. It is recommended that this service have an annual benefit cap or that Chore-Enhanced Services be offered as a one-time service annually per household in order to extend the benefit more broadly. The DAAS-101 will be completed on each client. The number of hours of service per month for each client will be reported in ARMS, but reimbursement will be based on a total monthly non-unit reimbursement request by the provider.

➢ Allowable Chore-Enhanced services (ACL: CHORE for reporting purposes)

  o Washing windows outside

  o Household maintenance that requires thorough cleaning, including appliances

  o Cleaning carpets

  o Moving furniture when related to carrying out another chore service

  o Heavy yardwork, e.g., extensive mowing, limited pruning, small debris removal

  o Simple repairs for a safe, orderly living environment, such as attaching a grab bar, towel bar, toilet paper holder. This does NOT include handyman repairs that require a permit or specialist (e.g., electrician, plumber, carpenter, etc.).

  o Pest control when authorized with other chore services

Requirements for which these services will be monitored:

➢ Eligibility

  o Older adults aged 60 and older

  o Section IV of the DAAS-101 (IADLs) affirms that an eligible older adult cannot carry out light cleaning or heavy housework tasks without help and needs chore services to remain safely in the home or private living arrangement.

➢ Priority of service

  o To support service authorization after eligibility determination, DAAS recommends that Chore-Enhanced providers use a priority of service screening tool. In general, such tools help providers go beyond basic eligibility requirements to set applicant scores at a higher level if they have more need. See guidance below for more discussion.

➢ Policies & procedures:

  o Providers must establish their scope of work in written policies and procedures as the basis for service delivery and outreach. The scope of services will be used in outreach materials to communicate the agency's menu of service options and what tasks may be done under Chore-Enhanced services.

  o Chore-Enhanced services will be tracked in ARMS based on number of hours provided to individual clients on a monthly basis, even though reimbursement will be based on a non-unit total reimbursement request for the month.

- o The Chore-Enhanced provider will develop a task list agreement with each client based on the agency's menu of service options. See guidance below for more discussion.
- o The provider's vendor RFP and contracts will specify a scope of work as the basis for bids and contract billing, as well as the equipment and supplies that will be provided under the terms of the contract. Providers may need multiple vendors in order to offer a broad list of allowable Chore-Enhanced services. See guidance below for more discussion.

➢ Allowable expenditures:
- o Contracts or agreements for purchase of services with cleaning businesses or landscapers (including for example their provision of supplies and tools for service delivery, such as ladders, carpet cleaners, furniture dollies, leaf blowers, pruners, riding lawn mowers, etc.)
- o Staffing costs – normal payroll costs such as salary, payroll taxes, fringe benefits, travel, and training for
  - Administrative program staff to take requests, screen applicants, authorize services, and schedule/train/supervise/manage employees or vendors who provide chore services, or
  - Service delivery staff to provide Chore-Enhanced services in client homes.
- o Justifiable supplies and equipment may be purchased with this budget (see guidance for more discussion)
- o Justifiable administrative costs as detailed on the ARPA-732A.

➢ Required documentation:
- o Tracking the provision of Chore-Enhanced services in ARMS:
  - Provider must report units of service (one unit = one hour of service) provided to each client in ARMS on a monthly basis
  - Provider will submit non-unit reimbursement requests that total Chore-Enhanced services on a monthly basis.
- o Vendor contracts or purchase of services agreements, if applicable.
- o Source documentation for unit verification and fiscal verification of information in ARMS:
  - DAAS-101 completed and updated as required.
  - Summary of how monthly units by client were totaled for the non-unit reimbursement request in ARMS for the sample month(s) reviewed.
  - Provider's source documentation for dates of Chore service to individual clients. May include such documentation as:
    - Client task list agreement or other service plan with worker signatures and dates
    - Vendor invoices with client names, specific dates of service, and hours billed.
    - Employee timesheets with client names, specific dates of service, and hours worked.

- Completed budget documents (732,732 A, 732 A1).

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Guidance for Administration and Delivery of Chore Services and Chore-Enhanced Services:

➢ Direct service workforce shortages – Providers are encouraged to contract with cleaning and landscaping professionals to provide the new ARPA Chore/Chore-Enhanced services and thereby relieve pressures on the availability of in-home aide workers. These services do not have to be provided by a licensed home care agency and competency-tested aides.

➢ Vendors, employees, or independent contractors – Businesses and non-profits are required to file incorporation paperwork and register with the NC Secretary of State's Office. One benefit of working with vendors registered as businesses is that liability issues related to the provision of services on private property and the safe use of equipment and tools are addressed within their normal business operations and insurance policies. Another is that they provide all tools and equipment needed for housecleaning jobs and yardwork chores.

If providers do not have good options for securing contracts or agreements for purchase of services in their communities, they can choose to hire staff and acquire needed tools/ equipment. Not all tools and equipment will be expensive, but some purchases may be hard to justify locally when considering the scope of work under these new programs. Another consideration is the need for liability disclosures with insurers about employee use of tools and equipment.

One note about employees versus independent contractors: it is unlikely that providers will be able to hire self-employed independent contractors for the provision of Chore or Chore-Enhanced services, given IRS guidelines related to employees versus independent contractors. Providers should seek appropriate guidance about the control of work to be accomplished, when and how it will be done by workers, and payment or other financial aspects of the worker/agency relationship, etc., when establishing these important services outside of an IHA home management program.

➢ Vendor RFPs and Contracts – Since RFPs are the basis for bids and later on for contract billing, the provider should identify fundamental service costs that will be included under the terms of an executed contract or agreement.

- The provider may want to specify that successful vendors will provide all needed supplies, tools, and equipment for cleaning services and/or yard work that are included in the bid.
- The provider may want to specify that successful vendors will have commercial or business general liability insurance coverage.
- The provider may want to specify or request information from vendors about relevant employee safety training or special business licensing. An example might be training or licensing related to the application of pest control chemicals.

Based on scope of work for these two services, providers may need to issue more than one RFP in order to cover the range of cleaning services or mowing and yard maintenance services that the provider wants to offer. A provider could have contracts with several cleaning services and more than one carpet cleaning business, as well as an agreement with a non-profit in the community that offers lawn care and furniture moving as part of the agency's overall mission.

Providers may want to group services for purposes of issuing an RFP in order to seek hourly bid rates for chores with similar difficulty or time commitment. Since these services will be

reported and reimbursed on a per-hour basis, providers using any other basis for bids should be mindful of this requirement.

➤ Scope of work – In addition to the implications outlined above for defining scope of work during program start-up, a provider that plans to offer both IHA Level I Home Management and Chore services may want to contrast the licensed services that will be carried out by competency-tested aides and the Chore services that will provided by staff or vendors to help clients maintain their homes and yards.

Providers may also find it useful to state that certain home maintenance requests will be referred to Housing and Home Improvement. A request for painting or pressure washing exterior surfaces of homes and sidewalks may be more appropriate for HHI than Chore-Enhanced services.

➤ Priority of Service Screening Tools – Once scope of work is defined, providers should establish policies and procedures that guide service authorization and service delivery in support of the agency's mission and targeting goals. One important example is related to priority of service criteria.

- o Does the provider want to target Chore/Chore-Enhanced services based on need?
- o Does the provider want to spread benefits among the greatest number of seniors generally and perhaps limit services to once monthly or once annually per household depending on service?
- o Does the provider want to cap services, e.g., up to $2,000 per household per year?
- o Does the provider generally take applicants off the waiting list based on a first on/first off approach? If yes, does the provider want to formalize a priority of service policy more specific to Chore services in order to score an application at a higher level based on need?

Once such decisions are made, use of a priority of service screening tool will set applicant scores at a higher level if they have more need. Examples of questions and/or criteria that a provider might want to consider include:

- o Is this a short-term need, or does the eligible applicant need this help every month?
- o Is the applicant already on a waiting list?
- o What help is needed by the applicant?
    - ▪ If the applicant needs light housekeeping and the screening process indicates the older adult could be eligible for either IHA Level I Home Management or Chore/Chore-Enhanced services, the decision about which program will provide services may depend on which program has an available worker.
    - ▪ If their request includes Personal Care needs, the agency should refer the applicant to the in-home aide (IHA) program. If the IHA program has a waiting list related to the workforce labor shortage, then the program manager at the Chore or Chore-Enhanced agency may assess (or the agency could ask an appropriate professional in a partner IHA agency to assess) whether authorization of limited services under the program is a safe and reasonable short-term or temporary alternative to being on a waiting list for Personal Care needs.
- o Are there other options for help with carrying out some or all needed chore tasks through the informal care network?

- o Does the applicant meet any agency-designated priorities? Examples might include cleaning required for health and safety or assistance needed as preparation for an annual inspection by HUD or other subsidized housing agency when an older adult is at risk of eviction.

In relation to priority of service criteria, providers also may want to establish a timeframe for periodic review of need for Chore or Enhanced Chore services that are not automatically limited by policy. This review of need could be done by phone or in-person by the program manager.

- ➢ Task list agreements – Providers must develop a task list agreement with each client based on the agency's menu of service options.
  - o The task list agreement should specify what services will be provided and how often. Getting the agreement signed by the client confirms a mutual understanding of the agreement.
  - o The task list agreement should specify which party is responsible for provision of cleaning supplies, tools, and equipment.
    - ▪ This may depend on whether work is carried out by vendor contracts. A vendor contract might say the vendor will bring all needed tools and equipment. Is the client responsible for laundry detergent and cleaning supplies?
    - ▪ If the provider hires its own staff, how will the agency handle the provision of supplies, tools and equipment? Will the agency purchase its own brooms, mops, vacuums, lawn mowers, ladders, etc.?

How should a worker react to a client asking for help that is not on the task list? Providers may want to state on the task list agreement that vendors/workers will have to get approval for any additional work requested onsite that is not listed.

- ➢ Clutter or hoarding? – Although Chore services are defined to include "heavy housework (including decluttering…)", providers are encouraged to evaluate each client's situation and learn more about the signs of hoarding disorder.
  - o Hoarding disorder is a clinically recognized mental health condition, and people with hoarding disorder can experience distress at the thought of someone getting rid of the items they have a perceived need to save regardless of value. Even though a person without this disorder may look at someone's home environment and see it as unsanitary or cramped in an unsafe manner, a person with hoarding disorder may feel more safe surrounded by the things being hoarded or they may attach emotional significance to the clutter that is not apparent to others.
  - o In some cases, it may be advisable to pause before ridding a house of clutter and seek the advice of mental health professionals in the community.
  - o If the disorder threatens health or safety, the provider may need to involve local authorities, such as DSS protective services, animal welfare agencies, public health, or the fire department.
  - o To learn more about when clutter is just in the eye of the beholder, when an agency can help with chores after an older adult is no longer able to keep things straight, and when excessive clutter is a mental health disorder that is complicated and needs tre
    - ▪ https://hoarding.iocdf.org/
    - ▪ https://adaa.org/

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049 ARPA-Shopping & Errand Service

Shopping & Errand Service is a new unit-based ARPA service with a familiar function related to IHA Level I Home Management, but the provider does not have to be a licensed home care agency and the shopping/errand aide does not have to be a competency-tested in-home aide. The tasks that may be carried out by the shopping/errand aide include either taking an older adult to the store and assisting them with shopping or running errands for the older adult. The shopping/errand aide may also assist with unpacking and storing purchases. The DAAS-101 will be completed on each client, and the number of hours of service per month will be tracked in ARMS for each client.

Requirements for which these services will be monitored:

➢ Eligibility

  o Older adults aged 60 and older

  o Section IV of the DAAS-101 (IADLs) affirms that the older adult cannot shop for personal items without help.

➢ Priority of service

  o To support service authorization after eligibility determination, DAAS recommends that Shopping & Errand Service providers use a priority of service screening tool. In general, such tools help providers go beyond basic eligibility requirements to set applicant scores at a higher level if they have more need. See guidance below for more discussion.

➢ Policies and procedures:

  o Providers must establish their scope of work in written policies and procedures as the basis for service delivery and outreach. The scope of services will be used in outreach materials to communicate the agency's menu of service options and what tasks may be done under Shopping and Errand services.

    ▪ Program funds may not be used to purchase food or other products needed by clients.

    ▪ When shopping/errand aides provide shopping assistance, it is the client's decision where to shop. When shopping/errand aides provide errand services, the agency may define the scope of services offered, e.g., pick-up/drop-off services (e.g., prescriptions), banking, Post Office, etc., and the geographic area for running errands.

  o Shopping and Errand services will be tracked in ARMS based on number of hours of service provided to individual clients on a monthly basis.

  o The Shopping and Errand provider will develop a written agreement with each client based on the agency's menu of service options. See guidance below for more discussion.

  o The provider's policies and procedures will address options for the transport of clients for shopping and errands.

    ▪ Will a shopping/errand aide be allowed to drive their own vehicle? Will the agency provide a vehicle? Will the aide be allowed to drive a client's vehicle?

- Policies and procedures should address requirements related to driver licenses, vehicle inspections, and liability insurance, as appropriate.
- Providers should consider obtaining liability insurance for non-owned vehicles, if appropriate for these services.
- Providers may want to seek guidance from insurers about the use of liability waivers signed by clients and shopping/errand aides.

  o The provider's policies and procedures will address how financial transactions will be carried out.
  - For example, payment options might include:
    – Shopping/errand aide may help the client order and pay online and then pick up the order.
    – Shopping/errand aide may take the client to the store where the client handles the financial transaction.
  - Policies should address whether shopping/errand aides will be allowed to take cash or checks to makes purchases on behalf of clients.
  - Policies should state what documentation of payment will be maintained on file (e.g., receipts, receipt verification form w/ client signature & date, etc.).

➤ Allowable expenditures:
  o Staffing costs, such as salary, payroll taxes, fringe benefits, travel, mileage reimbursements, and training.
  o Justifiable administrative costs as detailed on the ARPA-732A.

➤ Required documentation:
  o Shopping & Errand services will be tracked in ARMS by client as a unit-based service, and one unit will equal one hour of service.
  o Budget documents (732,732 A, 732 A1) and unit verification to support the program's goals (e.g., time sheets or invoices)
  o Documentation may be printed or digital, but it must be available for viewing and printing by monitors if requested.

Guidance:
➤ <u>Priority of Service Screening Tools</u> – Once scope of work is defined for Shopping & Errand services, providers should establish policies and procedures that guide service authorization and service delivery in support of the agency's mission and targeting goals. One important example is related to priority of service criteria.
  o Does the provider want to target Shopping & Errand services based on need?
  o Does the provider want to spread benefits among the greatest number of seniors generally and perhaps limit Shopping & Errand services to once or twice monthly per household?

Once such decisions are made, use of a priority of service screening tool will set applicant scores at a higher level if they have more need. Examples of questions and/or criteria that a provider might want to consider include:

- o Is this a short-term need, or does the eligible applicant need this help every week or every month?

- o What Shopping & Errand help is needed by the applicant?

- o What is the availability of grocery stores, pharmacies, etc. and the cost of service delivery in the area where the applicant lives?

- o What is the availability of public transportation where client lives, and is client able to use public transportation without assistance to shop and run errands?

- o Does the applicant meet any agency-designated priorities? Examples might include higher priority of service for Shopping & Errand services required for health and safety reasons. In addition, providers may want to target older adults without family support or older adults who are experiencing social isolation.

In relation to priority of service criteria, providers also may want to establish a timeframe for periodic review of need. This review of need could be done by phone or in-person by the program manager.

- ➢ <u>Written agreements</u> – Providers must develop a written agreement with each client based on the agency's menu of service options.

  - o The written agreement should specify what Shopping & Errand services will be provided and how often.

  - o The written agreement should include transportation arrangements.

  - o The written agreement should include how financial transactions will be handled based on the agency's policies and procedures (EBT, debit, credit, cash, etc.).

  - o The written agreement should include a line where the client attests that they will verify and sign a Payment/Receipt Verification Form after each shopping trip. Clients should verify that payment (plus cash back, if allowed and applicable) matches receipt.

  - o The agreement may be used to state that workers will have to get approval for additional work requested if it is not listed on the agreement.

  - o Providers may want to include an agreement between the agency and shopping/errand aides regarding such things as agreement not to do personal shopping while helping clients with shopping and errands.

APPENDIX E:

**REQUIREMENTS AND GUIDANCE FOR NEW ARPA SERVICES
FUNDED UNDER**

<u>**SOCIAL ISOLATION, SOCIAL ENGAGEMENT, HEALTH, AND WELLNESS**</u>
<u>[return to letter]</u>

NEW POLICIES	ARPA CODE	EXISTING POLICIES	ARPA CODE
* Social Isolation-Digital Tech Purchases	404	III-D Evidence-Based Health Promotion	402
Social Isolation-Digital Training & Programming	405	III-B Health Promotion	403
		Mental Health Counseling	161
* TRACK ON EXCEL SPREADSHEET (only Social Isolation-Digital Technology Purchases)			

404 ARPA- Social Isolation/Digital Technology Purchases

<u>ARPA-Social Isolation-Digital Technology Purchases</u> is a new ARPA service that supports live interactions from a socially isolated individual's residence through distribution of equipment such as laptops, tablets, or any other technological device.

Requirements for which this service will be monitored:

- Eligibility:
    - Older adults aged 60 and older
    - Service is targeted to eligible individuals who are unable to regularly interact with others because of transportation barriers, distance from services and activities, caregiving responsibilities, sickness, or other reasons.

- Priority of service:
    - Priority must be given to those who are most isolated and unable to access traditional social engagement opportunities.

- Policies & procedures:
    - Provider must have written policies and procedures to define and describe the scope of services offered under this program. Examples include:
        - Delineating whether devices become the property of recipients or must be returned after a specified duration.
        - Specifying whether service includes internet connection for a specified duration if connectivity would otherwise be a barrier to participation.
        - Describing role of the agency in providing equipment, training, support, and access to programming.
        - Setting expectations for use and care of equipment (and return of equipment, if applicable).
    - Policies should assure that devices will only be used by the approved device recipient. For example, participants could sign an agreement attesting they will be the exclusive user of the device.

- Allowable and unallowable expenditures:
  - Allowable: Laptops, tablets, telephone, smart phone, or other technological devices for use in a socially isolated individual's home that allows them to connect in real time with other individuals. This also includes accessories such as hotspots, internet service, microphone, webcam, or other items needed for the participant to interact with others.
  - Unallowable: Gaming consoles such as Wii, smart home devices such as Alexa, Echo, devices for current participants of senior centers and other congregate settings.

- Required documentation:
  - Non-unit reimbursement requests in ARMS must be documented monthly for technology purchases. Individual clients will not be tracked in ARMS.
  - The number of devices distributed and the number of persons served must be documented quarterly in the DAAS tracking spreadsheet.
  - Supporting documentation must be maintained on file for auditing and monitoring purposes and should include information such as:
    - Receipts for equipment purchases, invoices, documentation of payments, etc.
    - Log of outreach efforts
    - Participant screening forms and skill level assessments
    - Monthly log or spreadsheet of active participants, date of birth to establish eligibility, identification of devices received, date of distribution, due date for return of loaner devices if applicable, etc.

Guidance:

- Existing programs fail to reach some of our most vulnerable and isolated citizens, such as those who cannot attend senior centers or other congregate sites due to issues such as travel distance, lack of transportation, caregiving responsibilities, poor health, etc. Therefore, DAAS recommends prioritizing ARPA expenditures to reach those most likely to be isolated and lonely.

- Outreach should be provided to clients of programs that reach individuals likely to have a higher risk of social isolation (for example, home-delivered meal clients, family caregivers, in-home aide clients).

- Consider targeted outreach to nontraditional partners (faith-based, first responders, civic organizations), especially in areas where OAA services are not currently provided.

- Ensure all other free, low cost, or financial stipends for internet service are explored and OAA dollars are the payor of last resort. NC Broadband has a good list of resources.

- Participants should be screened for social isolation and loneliness before receiving the service. The Lubben Social Network Scale and UCLA Loneliness Assessment are well respected indicators of these. Both resources can be found online and are also available on the Healthy Aging NC Social Engagement Self-Assessment page.

- The Suicide Prevention Resource Center states it is important to match interventions to personal situations and preferences of each individual. Approaches to reducing loneliness and social isolation can be grouped into four categories based on the underlying cause they

address – improving social skills, increasing social support, increasing access to social interactions, and changing unhelpful thoughts about social situations. Approaches for each of these can be found by following the link above.

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405 ARPA- Social Isolation Training and Programming

ARPA-Social Isolation-Digital Training & Programming is a new ARPA service to provide personal, social, and technical support to socially isolated individuals by telephone or by way of virtual programming. Activities include personal assistance, training, education resources, interactive connections, and/or programming to help socially isolated individuals learn skills or receive social/emotional support. This service may support training for both seniors and staff and may also support the cost of program licensures.

Requirements for which this service will be monitored:

➢ Eligibility

  o Older adults aged 60 and older

  o Service is targeted to eligible individuals who are unable to regularly interact with others because of transportation barriers, distance from services and activities, caregiving responsibilities, sickness, or other reasons.

➢ Priority of service

  o Priority must be given to those who are most isolated and unable to access traditional social engagement opportunities.

➢ Policies & procedures:

  o Provider must have written policies and procedures to define and describe the scope of services offered under this program. Examples include:

    ▪ Describing ways to ensure participants are safe during a virtual class.

    ▪ Explaining how to provide technical support during a virtual class so that participants have a successful experience.

    ▪ Outlining registration procedures, policies for cancellation, and responsibilities of the participants, etc.

➢ Allowable expenditures:

  o Payroll costs (salary, fringe, travel, etc.) for staff time required to provide the service

  o Staff equipment (e.g., cell phone, laptop, etc.) for providing personal, social, and technical support to participants of this program.

  o Training costs and program licensures associated with building skills needed to provide technical or social support.

  o Printing costs for outreach materials, including distribution costs and translation services if needed.

  o Cost of online resources to support the targeting of information about this program to marginalized communities who could benefit from participation.

- ➢ Required documentation:
  - ○ Non-unit reimbursement requests must be documented monthly in ARMS for social isolation training and programming costs. Individual clients will not be tracked in ARMS.
  - ○ Supporting documentation must be maintained on file for auditing and monitoring purposes and should include information such as:
    - ▪ Outreach efforts
    - ▪ Participant screening forms and skill level assessments
    - ▪ Monthly log or spreadsheet of active participants and date of birth to establish eligibility. For example, track participants who have their own devices, not ARPA code 404 clients, but would still benefit by participation in training & programming.
    - ▪ Receipts, invoices, time sheets, training certificates, travel logs, phone logs, sign in sheets, and other documentation of costs and payments for social isolation training and programming efforts.
  - ○ NOTE: Additional tracking via the DAAS tracking spreadsheet is not required for this service.

Guidance:

- ➢ Existing programs fail to reach some of our most vulnerable and isolated citizens, such as those who cannot attend senior centers or other congregate sites due to issues such as travel distance, lack of transportation, caregiving responsibilities, poor health, etc. Therefore, DAAS recommends prioritizing ARPA expenditures to reach those most likely to be isolated and lonely.

- ➢ Outreach should be provided to clients of programs that reach individuals likely to have a higher risk of social isolation (for example, home-delivered meal clients, family caregivers, in-home aide clients).

- ➢ Consider targeted outreach to nontraditional partners (faith-based, first responders, civic organizations), especially in areas where OAA services are not currently provided.

- ➢ Participants should be screened for social isolation and loneliness before receiving the service. The Lubben Social Network Scale and UCLA Loneliness Assessment are well respected indicators of these. Both resources can be found online and are also available on the Healthy Aging NC Social Engagement Self-Assessment page.

- ➢ The Suicide Prevention Resource Center states it is important to match interventions to personal situations and preferences of each individual. Approaches to reducing loneliness and social isolation can be grouped into four categories based on the underlying cause they address – improving social skills, increasing social support, increasing access to social interactions, and changing unhelpful thoughts about social situations. Approaches for each of these can be found by following the link above.

- ➢ This allocation may be used separate from ARPA code 404 tech purchases.