



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

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

ADMINISTRATIVE LETTER NO. 20-16

TO: Area Agency on Aging Directors

FROM: Joyce Massey-Smith, Director

DATE: August 4, 2020

SUBJECT: COVID-19 Pandemic Response, Part V:
- Additional New ARMS Codes to Capture Efforts for Programs
- ARMS Codes Clarification
- Tracking Spreadsheet Procedure
- Capital Acquisition/Improvement Approval Process and Guidance, SFY 2021
- Area Agencies on Aging Planning & Administration (P&A) Funds under the CARES Act
- Family Caregiver Support Program—Caregiver Directed Voucher Clarification, CARES Act Funding

I. Additional New ARMS Codes to Capture Efforts for Programs

256: CARES-General Transportation-COVID

This code allows the general transportation of older adults to local community resources for other locations necessary for accessing services and/or accomplishing activities necessary for daily living. One unit=one-way trip to an eligible client

257: CARES-Medical Transportation-COVID

This code allows the medical transportation of older adults to medical care facilities. One unit=one-way trip to an eligible client.

290: CARES Volunteer Program Development Non-Unit Emerg Response Cost-COVID

This code captures the 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. 1 “unit”=1 placement

513: CARES-CDS Financial Management Services-COVID

Consumer Directed Services are intended to provide support to individuals/families requiring assistance with basic human resource activities such as payroll, payroll taxes, workers compensation and criminal background checks charged to the CARES Act. One unit=One monthly contact.

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF AGING AND ADULT SERVICES

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514: CARES-CDS Care Advisor-COVID

Consumer Directed Services non-unit cost such as eligibility determination, needs assessment, CDS enrollment, POC and budget development, regular contact to provide advice to client, charged to the CARES Act. Programmatically one contact, regardless of time, is the unit equivalent.

515: CARES-CDS Personal Assistant-COVID

Consumer Directed Services are intended to provide support to individuals/families requiring assistance with basic activities of daily living and home management tasks, charged to the CARES Act. One unit = One hour of service.

516: CARES-CDS Non-unit Emerg Resp Cost-COVID

Consumer Directed Services non-unit cost such as Personal Protection Equipment (PPE), disinfectant supplies and other unique items, charged to the CARES Act. Programmatically we are tracking each expense. One item is the equivalent of one expense.

870: FC—Program Planning & Administration Non-Unit—COVIDCARES

This is a non-unit code for the Family Caregiver Support Program. This is intended to capture expenses associated with administration of disaster relief and preparedness. It captures items such as bulk purchase and public information materials. There is no rate calculation associated with this code in ARMS; programmatically one expense is the unit equivalent. Additional tracking will be required on the FCSP COVID-CARES Tracking Spreadsheet.

909: CARES-Group Respite-COVID

Unit costs for daily care. One unit = one day of service.

920: CARES Overnight Respite-COVID

The provision of group care and supervision in a place other than the overnight respite participant's usual abode on a 24-hour basis for a specified period of time to adults who may be physically or mentally disabled in order to provide temporary relief for the identified unpaid, primary caregiver and includes services provided by a facility licensed under General Statute 131D-6.1. A unit of service is (1) overnight stay on a 24-hour basis regardless of arrival or departure time to the overnight respite facility.

921: CARES-Overnight Respite Non-Unit-COVID

Non-Unit costs such as PPE -masks, gloves, disinfectants, thermometers, and other equipment for the provision of overnight respite charged to CARES Act. One unit in ARMS is equivalent to one item purchased.

996: CARES-Legal Services-COVID

Legal services to be provided to seniors age 60+ related to COVID-19 concerns. Priority of service given to individuals with the greatest social and economic need. One unit=One hour of service.

997: CARES-Legal Services Non-Unit-COVID

Non-Unit costs such as PPE for in-person consultations; Upgrades to technology which may include the expansion or purchase of new software/hardware to aid in data collection and consumer outreach efforts. One unit= one item, product or service purchased.

An updated Comprehensive List of Families First and Cares Act codes in ARMS is provided in Appendix 1.

II. Clarification for Previously Issued Codes

Service code 944 is not subject to the 20% waiver for site/route/worker (SRW) code 144 because this code includes home repairs that impact housing related sanitation and safety needs. Service code 140 is still subject to the 20% cap for SRW 144 but individual waiver requests can be made to the Program Consultant following the usual procedure. The one-page waiver request template can be found in the Housing and Home Improvement Standards.

III. Tracking Spreadsheet Procedure

At this writing there are three tracking spreadsheets: III-B and III-C in one workbook, and III-E in a separate workbook. Based on the AAA's input the spreadsheets have been revised and are attached. Please do not modify the spreadsheets. Please note that they are Macro Enabled files to allow for appropriate cell formatting. *These spreadsheets are located in Appendix 2.*

Providers should turn these into the Area Agency on Aging (AAA) at the end of each month.

The AAA will send these to Leslee Breen (leslee.breen@dhhs.nc.gov) at the Division by the 15th of the month following the end of the quarter on October 15th (July 1-September 30); January 15th (October 1-December 31); April 15th (January 1-March 31); and July 15th (April 1 to June 30), etc. From there, the applicable spreadsheets will be disseminated to the appropriate Program Consultant for compilation and tracking.

For any specific questions regarding the usage of a spreadsheet, please contact the appropriate Program Consultant.

A fourth spreadsheet for Title VII is forthcoming under a separate Administrative Letter.

IV. OAA CARES Act Capital Acquisition/Improvement Approval Process, SFY 2021

Capital acquisitions and building improvements costing \$5,000 or more must be pre-approved per ACL guidelines. *Approval Request instructions are provided in Appendix 3 and the Request Form can be found in Appendix 4 of this document. The approval process procedure is provided in Appendix 5. An overall evaluation checklist and flowchart is included in Appendix 6.*

Building Improvement Guidance. The AAA should review proposals using the same factors that will be used when reviewing improvements costing \$5,000 or more. If the proposal is less than \$5,000 and seems reasonable and meets the review considerations, the AAA can approve. If a building improvement costs \$5,000 or more the Capital Acquisition Policy and Process applies and prior approval from the Division is required.

The Division reiterates that the intent of the CARES Act funding is for pandemic recovery and future emergency preparedness. As previously established in DAAS Administrative Letter 20-09, the purchase of protective equipment and cleaning supplies to promote the health and safety of staff and clients/participants is an allowable expense under the CARES Act. These purchases should be charged to the appropriate program's non-unit code and tracked on the CARES Tracking Template provided by DAAS.

Building modifications in spaces used primarily by service recipients must be justified and reasonable. Special considerations apply when the space is used not only by seniors served by the Requesting Agency/Provider, but by other individuals or programs as well, and costs for improvements must be shared on a pro-rated basis. Pro-rated costs may be based on percentage of occupancy or time, whichever is most applicable. Improvements made to shared spaces must be approved by other agencies/programs. If the building or space is rented or leased, the owner must consent to the improvement and agree not to raise rent for the duration of the current lease or rental agreement.

Building modifications in spaces used primarily by Requesting Agency/Provider staff should focus on the health and safety of staff to conduct necessary business. The Requesting Agency/Provider must provide documentation of due diligence for the most cost-effective means for modifying administrative spaces. A narrative detailing the need for the administrative space modification will be required for consideration.

V. Area Agencies on Aging Planning & Administration (P&A) Funds under the CARES Act

Area Agencies on Aging were authorized to use up to 10% of the CARES Act Title III funding for Planning and Administration related to Covid-19. While the CARES Act does not require nonfederal match for funds used for *services*, it does require a 25% nonfederal match for administrative funds. As explained by the US DHHS, Administration for Community Living, states have flexibility with Title III funding under a Major Disaster Declaration (MDD) and a State may pool the use of overmatch in Regular Title III grants to meet the Area Plan Administrative match requirement for the CARES Act (see ACL Covid-19 Response Fiscal FAQ: Major Disaster Declaration dated April 8, 2020). North Carolina is under an MDD effective March 13, 2020, and as such is exercising its option to use overmatch to provide the nonfederal match requirement for Area Plan administrative costs under the CARES Act. The overmatch requirement is met with Home and Community Care Block Grant services that are paid with 90% state funds and 10% local funds.

ARMS is being updated to allow the AAAs to report expenditures for reimbursement. The existing P&A functionality is being modified under Category Code 27 to show a 25% match requirement. In order for this service code to function properly, AAAs need to calculate the gross amount to enter into ARMS so the net amount (gross amount less 25% match requirement) equals the amount of P&A expenditures under the CARES Act. The calculation is as follows: gross amount to enter in ARMS equals actual P&A expenditures under the CARES Act divided by 0.75. For example: if the AAA spent \$575 for a given month in P&A under the CARES Act, the AAA would enter \$767 ($\$575/.75$); ARMS would pay out 75% of the amount entered ($\$767 \times .75 = \575). The Controller's Office will book the 25% overmatch for federal reporting purposes.

Please keep these instructions to share with your auditor to show why the amount entered for P&A under the CARES Act is intentionally overstated by 25% to accommodate limitations in ARMS coding changes.

VI. Family Caregiver Support Program—Caregiver Directed Voucher Clarification, CARES Act Funding

To acknowledge the challenge of finding safe and appropriate individuals to provide respite care during the COVID-19 global pandemic the North Carolina Family Caregiver Support Program,

additional flexibilities will be allowed through the caregiver directed voucher service delivery model.

Regional and local programs that choose to offer respite services through caregiver directed vouchers with CARES Act funding may allow immediate family members to serve as the hired individual to provide the respite service. The individual hired through the caregiver directed voucher must meet the following criteria:

- Be at least 18 years of age.
- Does not reside in the same household/home as the care recipient.
- Does not play an active role in care delivery.
- Does not have a legal or financial relationship with the care recipient (ex: power of attorney, guardian)

For additional clarification on what constitutes respite care, please refer to the *Family Caregiver Support Program Manual: Revision 2020* pages 13-16.

Comprehensive ARMS Families First and CARES Act Codes List as of 8/4/20

Highlighted service codes are the most recently added to the listing since the last update.

Adult Day Care Program Service Codes	Name	Description
930	CARES-Adult Day Care COVID	The code represents 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. This unit will include the fixed rate and any allowable administrative costs associated with the provision of service to the participant.
955	CARES-Adult Day Health COVID	The code represents 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. This unit will include the fixed rate and any allowable administrative costs associated with the provision of service to the participant.
931	CARES-Adult Day Care Transportation COVID	The code represents transportation services provided to an adult day care participant to attend a certified adult day care program during the COVID-19 pandemic. A unit of service is defined as a one-way trip to the program. This unit is a fixed rate.
956	CARES-Adult Day Health Transportation COVID	The code represents transportation services provided to an adult day health care participant to attend a certified adult day health care program during the COVID-19 pandemic. A unit of service is defined as a one-way trip to the program. This unit is a fixed rate.
932	CARES-Adult Day Care Non-Unit COVID	This code is to be used for non-unit costs such as PPE-masks, gloves, disinfectants, thermometers, and other equipment charged to the CARES Act. This code is used for those adult day care programs who need this equipment to reopen their programs and continue to serve their clients. One item is the equivalent of one expense.
957	CARES- Adult Day Health Non-Unit COVID	This code is to be used for non-unit costs such as PPE-masks, gloves, disinfectants, thermometers, and other equipment charged to the CARES Act. This code is used for those adult day health care programs who need this equipment to reopen their programs and continue to serve their clients. One item is the equivalent of one expense
933	CARES-Adult Day Care Transportation Non-Unit COVID	This code is to be used for non-unit costs such as PPE-masks, gloves, disinfectants, thermometers, and other equipment charged to the CARES Act. This code is used for those adult day care programs who need this equipment to provide transportation for clients to their program in order to serve their clients safely. One item is the equivalent of one expense.
958	CARES-Adult Day Health Transportation Non-Unit COVID	This code is to be used for non-unit costs such as PPE-masks, gloves, disinfectants, thermometers, and other equipment charged to the CARES Act. This code is used for those adult day health care programs who need this equipment to provide transportation for clients to their program in order to serve their clients safely. One item is the equivalent of one expense.
Care Management Program Service Codes	Name	Description
961	CARES-Care Management Non-unit Emerg Resp Costs COVID	The code represents an emergency response non-unit Care Management CARES code. It is intended to capture service providers' emergency response costs such as PPE, disinfectant supplies, and other unique items. This will allow Care Management providers to serve clients by providing this equipment for their staff. The use of this safety equipment will potentially reduce the risk to clients, staff, and ensure continuity of services during the COVID-19 pandemic. On item is the equivalent of one expense.

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Consumer Directed Services Program Service Codes	Name	Description
513	CARES-CDS Financial Management Services-COVID	Services are intended to 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.
514	CARES-CDS Care Advisor-COVID	Non-unit cost such as eligibility determination, needs assessment, CDS enrollment, POC and budget development, regular contact to provide advice to client, charged to the CARES Act. Programmatically, we are tracking each contact regardless of the time spent.
515	CARES-CDS Personal Assistant-COVID	Services are intended to provide support to individuals/families requiring assistance with basic activities of daily living and home management tasks, charged to the CARES Act. One unit=one hour of service.
516	CARES-CDS Non-unit Emerg Resp Cost-COVID	Non-unit cost such as Personal Protection Equipment (PPE), disinfectant supplies and other unique items, charged to the CARES Act. Programmatically, we are tracking each expense. One item is the equivalent of one expense.
Family Caregiver Support Program Codes	Name	Description
829	FC-Wellness Calls-COVID	This code represents telephone reassurance and caregiver well-checks specifically related to COVID-19. Please note that this is intentionally different than previous FCSP code 858- Telephone Reassurance. It may be helpful for providers to think of Code 829-Wellness Calls COVID as being more similar to together services in the 820s-FCSP Family Access Services such as an emergency preparedness caregiver assessment. Once call is the equivalent of one unit in ARMS.
839	FC-Virtual Support Group-COVID	This code represents support groups that are being facilitated virtually, as opposed to traditional in-person support groups due to COVID-19. Given the content intended to be captured with COVID-19 Response, this category is to be captured with # of sessions and # of estimated audience.
869	FC-Other Disaster Support-COVID	This code represents miscellaneous caregiver needs associated with COVID-19. It is intended to capture caregiver necessities such as cleaning products, errands, delivery fees, and other unique items that allow caregivers to continue providing care at home. One item is the equivalent of one unit.
870	FC-Program Planning & Administration Non-Unit-COVIDCARES	This is intended to capture expenses associated with the administration of disaster relief and preparedness. It captures items such as bulk purchases and public information materials. A unit= one expense.
871	FC-Information-COVIDCARES	This code will capture outreach and program promotion related to disaster relief/COVID-19 pandemic. Examples of things included in this category will include participation in community resource panels on the pandemic, social media posts about caregiver resources specific to disaster related issues, etc. There is no rate calculation associated with this code in ARMS; programmatically one event/one post with associated audience size is recorded for tracking purposes.
872	FC-Access-COVIDCARES	This code will capture efforts to support caregivers as they navigate resources and accessing services related to the COVID-19 pandemic. Examples of things included in this category are question/answer consultations between FCSP representatives and caregiver; developing care management and emergency preparedness plans. There is not rate calculations associated with this code in ARMS; programmatically one session/one contact is recorded for tracking purposes.
873	FC-Counseling/ Training/Support Groups-COVIDCARES	This code will capture effort to support caregiver’s well-being and develop coping tools to continue to meet their caregiver needs during the COVID-19 pandemic. Examples of things included in this category are virtual support groups, referrals to mental health professionals, and training classes on issues like social isolation, infection control, and other issues specific to the public health disaster of 2020. There is no rate calculation associated with this code in ARMS; programmatically we are tracking the # of participants and #of sessions offered. Additional tracking will be required on FCSP COVID-CARES Tracking Spreadsheet.

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874	FC-Respite- COVIDCARES	This code will capture respite care provided to caregivers during the COVID-19 pandemic. All respite types paid for through CARES Act funding should be coded under this category. There is no rate calculation associated with this code in ARMS; programmatically we are tracking the # of hours of respite (ex: 4 hours=4 units) Additional tracking will be required on FCSP COVID-CARES Tracking Spreadsheet to identify the type of respite provided. Program representatives will indicate type of respite offered and the associated # of hours on the spreadsheet.
875	FC-Supplemental - COVIDCARES	This code will capture disaster related items that allow a caregiver to continue safely caring for the care recipient at home during the COVID-19 pandemic. This category includes consumable supplies, assistive technologies, safety/DME equipment, and emergency response systems. There is no rate calculation associated with this code in ARMS; programmatically we are tracking the # of items provided (Ex: 1 case of cleaning supplies and 1 robotic pet=2 units. Additional tracking will be required on FCSP COVID-CARES Tracking Spreadsheet.
Group Respite Program Service Codes	Name	Description
909	CARES-Group Respite-COVID	Group respite during COVID. One unit=1 day of service.
Housing and Home Improvement Program Service Codes	Name	Description
944	CARES-Housing and Home Improvement Non- unit Emerg Resp Cost COVID	This code represents an emergency response non-unit HHI code. It is intended to capture service providers' emergency response costs such as PPE, disinfectant supplies, supplies (shingles, ramps, flooring, doors, grab bars), labor-home repair workers cost of labor (electrical, plumbing, installation of ramps, removal/repair/replacement of items in home that are in need of repair). This will allow HHI providers to serve clients by providing this equipment for their staff and volunteers. The use of this safety equipment will potentially reduce the risk to clients, staff, volunteers and ensure continuity of services during the pandemic. One item is equivalent of one expense.
Information and Options Counseling Program Service Codes	Name	Description
940	CARES-Information and Options Counseling Non- unit Emerg Resp Cost COVID	This code represents an emergency response non-unit IOC code. It is intended to capture service providers' emergency response costs such as PPE, disinfectant supplies, and other unique items. This will allow IOC providers to serve clients by providing this equipment for their staff. The use of this safety equipment will potentially reduce the risk to clients and staff and ensure continuity of services during the pandemic. One item is equivalent of one expense.
In-Home Aide Program Service Codes	Name	Description
935	CARES-In Home Aide Level I Home Management- COVID	This code represents IHA Services intended to provide support to individuals/families requiring assistance with basic home management task such as housekeeping, cooking, shopping and bill paying. This will allow IHA providers to continue service to their clients and ensure continuity of services during the pandemic. A unit of service equals one hour.
936	CARES-In Home Aide Level II Personal Care- COVID	This code represents IHA Services intended to provide support to individuals/families requiring assistance with basic activities of daily living and home management tasks. This will allow IHA providers to continue service to their clients and ensure continuity of services during the pandemic. A unit of service equals one hour.
937	CARES-In Home Aide Level III Personal Care- COVID	This code represents IHA Services intended to provide substantial ADL support to clients who require assistance with health/personal care tasks. Provision of these tasks involves extensive "hands on" care and potential assistance with a wide range of health-related conditions. This will allow IHA providers to continue service to their clients and ensure continuity of services during the pandemic. A unit of service equals one hour.
938	CARES-In Home Aide Respite- COVID	This code represents IHA Services provided to an individual in his/her home or in the home of his/her primary caregiver. Respite care may consist of any level of home management or personal care tasks. This will ensure continuity of services during the pandemic. A unit of service equals one hour.

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941	CARES-In Home Aide Non-unit Emerg Resp Costs COVID	This code represents an emergency response non-unit IHA code. It is intended to capture service providers' emergency response costs such as PPE, disinfectant supplies, and other unique items. This will allow IHA providers to serve clients by providing this equipment for their staff. The use of this safety equipment will potentially reduce the risk to clients and staff and ensure continuity of services during the pandemic. One item is equivalent of one expense.
Legal Services Program Codes	Name	Description
996	CARES-Legal Services-COVID	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.
997	CARES-Legal Services Non-Unit-COVID	Non-Unit costs such as PPE for in-person consultations; upgrades to technology which may include the expansion or purchase of new software/hardware to aid in data collection and consumer outreach efforts. One unit in ARMS is equivalent to one item, product or service purchased.
Long-term Care Ombudsman Service Codes	Name	Description
990	CARES-LTC Ombudsman-Virtual COVID	Non-unit costs such as equipment and associated technologies that will allow for remote work and enhance Ombudsman presence in facilities while they cannot physically visit during the COVID crisis, and equipment such as iPads, tablets and software to facilitate conferencing and virtual meetings.
991	CARES-LTC Ombudsman Non-unit Emerg Resp Cost-COVID	Non-unit costs such as PPEs that will be used once in-person visits to facilities resume.
992	CARES-LTC Ombudsman-Outreach-COVID	Non-unit costs associated with community outreach including advertising, postage, printing of brochures and similar educational materials.
993	CARES-LTC Ombudsman-Training-COVID	Training costs related to COVID-19 including additional costs associated with advertising, recruiting, certifying or providing continuing education (both remote and in-person) to current and prospective representatives of the Office.
994	CARES-LTC Ombudsman-Staff Cost-COVID	Cost for staff extended hours, or hiring of additional staff, including associated personnel costs. Note that this funding is time limited.
995	CARES-LTC Ombudsman-Travel-COVID	Funds for travel once personal visits to facilities resume.
Nutrition Program Service Codes	Name	Description
185	Congregate Nutrition-COVID	Code 185: Congregate Nutrition-COVID IIIC2 Congregate Meals Delivery/Carry-out The code represents carry-out meals or home-delivered meals provided to congregare nutrition program clients. One meal = One unit in ARMS.
025	Home-Delivered Meals IIIB Emergency Meal	Code 025: Home-Delivered Meals IIIB Emergency Meal The code represents meals to home-delivered meal clients that do not meet one-third of the recommended daily allowance dietary reference intake (RDA-DRI) requirements. One meal = One unit in ARMS.
186	Congregate Meals IIIB Emergency Meal	Code 186: Congregate Nutrition IIIB Emergency Meal The code represents meals to congregare nutrition program clients that do not meet one-third of the recommended daily allowance dietary reference intake (RDA-DRI) requirements. One meal = One unit in ARMS.
026	FF-Home-Delivered Meals	Code 026: FF- Home-Delivered Meals The code represents 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 using FF funding. One meal = One unit in ARMS.

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187	FF-Congregate Meals	Code 187: FF-Congregate Meals The code represents 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 using FF funding. One meal = One unit in ARMS.
900	FF-HDM Non-unit Emerg Resp Cost COVID	Code 900: FF-Non-unit Emerg Resp Cost Home-Delivered Meals Nutrition COVID The code represents emergency response costs in response to the COVID-19 pandemic. It is intended to capture service provider's necessities such as personal protective equipment (PPE), food service equipment and other unique items that allow providers to continue service. Consumable supplies for participants are also allowable such as produce boxes. One item is the equivalent of one expense.
901	FF-Cong Nutr Non-unit Emerg Resp Cost COVID	Code 901: FF-Non-unit Emerg Resp Cost Congregate Nutrition COVID The code represents emergency response costs in response to the COVID-19 pandemic. It is intended to capture service provider's necessities such as personal protective equipment (PPE), food service equipment and other unique items that allow providers to continue service. Consumable supplies for participants are also allowable such as produce boxes. One item is the equivalent of one expense.
028	CARES-Home-Delivered Meals	Code 028: CARES-Home-Delivered Meals The code represents 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 using CARES funding. One meal = One unit in ARMS.
188	CARES-Congregate Meals	Code 188: CARES-Congregate Meals The code represents 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 using CARES funding. One meal = One unit in ARMS.
902	CARES- HDM Non-unit Emerg Resp Cost COVID	Code 902: CARES-Non-unit Emerg Resp Cost Nutrition COVID The code represents HDM emergency response costs in response to the COVID-19 pandemic. It is intended to capture service provider's necessities such as personal protective equipment (PPE), food service equipment and other unique items that allow providers to continue service. One item is the equivalent of one expense.
903	CARES- Cong Nutr Non-unit Emerg Resp Cost COVID	Code 903: CARES-Non-unit Emerg Resp Cost Nutrition COVID The code represents emergency response costs in response to the COVID-19 pandemic. It is intended to capture service CNP provider's necessities such as personal protective equipment (PPE), food service equipment and other unique items that allow providers to continue service. One item is the equivalent of one expense.
Overnight Respite Service Codes	Name	Description
920	CARES- Overnight Respite-COVID	The provision of group care and supervision in a place other than the overnight respite participant's usual abode on a 24-hour basis for a specified period of time to adults who may be physically or mentally disabled in order to provide temporary relief for the identified unpaid, primary caregiver and includes services provided by a facility licensed under General Statute 131D-6.1. A unit of service is (1) overnight stay on a 24-hour basis regardless of arrival or departure time to the overnight respite facility.
921	CARES-Overnight Respite Non-Unit-COVID	Non-Unit costs such as PPE -masks, gloves, disinfectants, thermometers, and other equipment for the provision of overnight respite charged to CARES Act. One unit in ARMS is equivalent to one item purchased.
Senior Center Operations Service Codes	Name	Description
171	CARES-Senior Center Operations Non-unit Emerg Resp Costs COVID	This code represents emergency response costs in response to the COVID-19 pandemic. It is intended to capture costs associated with a service provider's purchase of supplies and necessities to allow the continuation of service operations. Consumable supplies for participants are also allowable. Consumable supplies for older adults in the community are also allowable. One unit in ARMS is equivalent to one item purchased.

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Transportation Service Codes	Name	Description
251	Transportation COVID (IIIB)	This code allows transportation to home-delivered and congregate nutrition program clients. One unit = one-way meal delivery trip to a client.
253	CARES-Transportation General	This code allows the transport of meals to older adults. One unit = one-way trip to client.
254	CARES: Transportation Non-Unit Emerg Resp Cost COVID	This code supports miscellaneous expenses associated with COVID-19 intended to capture necessities such as PPE, cleaning products and other items that allow transit providers to continue to provide rides. One unit=one purchased supply item.
255	CARES-Transportation Other	This code allows the transport of other emergency supplies to older adults. One unit= one-way trip to a client.
256	CARES-General Transportation - COVID	This code allows the general transportation of older adults to local community resources for other locations necessary for accessing services and/or accomplishing activities necessary for daily living. One unit=one-way trip to an eligible client
257	CARES-Medical Transportation - COVID	This code allows the medical transportation of older adults to medical care facilities. One unit=one-way trip to an eligible client.
Volunteer Development Service Codes	Name	Description
290	CARES Volunteer Program Development Non-Unit Emerg Resp Cost-COVID	This code captures the 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. Programmatically, we are tracking each hire so 1 "unit" = 1 placement

TRACKING SPREADSHEETS

Sent as electronic accompaniment to this Administrative Letter via Macro-Enabled Excel Spreadsheet.

CARES-Act Capital Acquisition
Instructions for Prior Approval for Purchase of Equipment/Capital Improvement
\$5,000 or more

Instructions for Prior Approval Request Form

Step 1

- **Date of Request:**
 - *Enter date of provider request. For example, July 13, 2020*
- **Area Agency on Aging Name:**
 - *Enter name of requesting Area Agency on Aging. For example, Triangle J Council of Governments*
- **For Provider/Vendor:**
 - *Enter name of provider/vendor making request. For example, Wake County Aging Senior Center*
- **County:**
 - *Enter county where provider/vendor is located. For example, Wake County*

Date of Request: July 13, 2020

Area Agency on Aging Name:	Triangle J Council of Governments
For Provider/Vendor:	Wake County Aging Senior Center
County:	Wake County

Step 2

- **Equipment**
 - *Enter description of product. Detail specification should be included in the justification summary section.*
- **Quantity**
 - *Enter number of item(s) purchased*
- **Quantity**
 - *Enter cost for one piece of equipment item here*
- **Description of Services Code(s)**
 - *Enter specific ARMS service code(s) that will be charged for the equipment item here*
- **Estimated Cost**
 - *Enter total amount of equipment purchase or work project.*
- **Installation Cost**
 - *Enter total amount of any installation cost incurred.*
- **Delivery/Freight Cost**
 - *Enter total amount of delivery and/or freight cost incurred.*
- **Taxes if known**
 - *Enter taxes if information is available.*
- **Provide a detailed narrative in the Justification Page Summary section of this form.**

Equipment/Work Project	Quantity	Unit Cost	ARMS Service Code (s)	Estimated Cost Including Freight
Example: Walk-in Freezer – Whaley Food	1	\$5,000	900	\$6,600.00
Installation Cost				200.00
Delivery/Freight Cost				Included in price
Taxes if known				Unknown
Total	1			\$ 6,800.00

Step 3

Enter name of provider/vendor here and include signature and date of signature. Request will not be accepted without an authorized signature.

Authorized Provider/Vendor:

*Signature	
Date	

Include signature of the AAA Director or authorized person designated by the AAA Director.
 If not authorized by the AAA Director, the signature is not acceptable. Include the date of signature.

Recommended by Area Agency Director/Designee:

*Signature	
Date	

Step 4

This step is for DAAS use only. Once the form has been completed and signed by the AAA the form would be submitted to DAAS for review and approval. DAAS signatures and dates would be applied in the box below.

DAAS Agency Use	Signature/Date
Approval of DAAS Subject Matter Expert:	
Approval of DAAS Section Chief:	
Approval of DAAS Director/Designee:	

Equipment/Capital Improvement Costing \$5,000 or more*

Justification Page Instructions

(*the AAA should use the justification checklist for those purchases costing \$5,000 or less)

*The AAA shall demonstrate their attempt to ensure that the procurement of equipment is based on the best possible price, quality, and terms to meet program and participant needs. In accordance with uniform guidance 2 CFR 200 the cost is of a type generally recognized as ordinary and necessary for the operation is in line with market prices for comparable goods or services for the geographic area. Equipment must be used by the non-Federal entity in the program for which it was acquired as long as needed, whether or not the project or program continues to be supported by the Federal award, and the non-Federal entity must not encumber the property without prior approval of the HHS awarding agency. When no longer needed for the original program or project, the equipment may be used in other activities supported by the HHS awarding agency due to the Major Disaster Declaration. In accordance with **NC Administrative Code 01 NCAC 05 and ACL, agencies are to comply with competitive e-quotes or written quotes for equipment \$5,000 or more. Exceptions apply in the case of a Major Disaster Declaration.***

The justification for improvement that is submitted should, at a minimum, include the following:

- How does this relate directly to the COVID-19 response and relevance to future disaster response?
- Are funds other than OAA funds being used to cover this expense and if so, please describe.
- Are there other funding sources for this purchase available and if so, please describe?
- Was there a need for this purchase prior to the onset of the COVID-19 pandemic?
- Why is this purchase/improvement needed? Who will benefit from this improvement-participants, staff, or both? LJW language of intent here. If the benefit is to staff only, a strong justification must be provided.
- What is expected effect on programming and participants? Please include both positive and negative consequences?
- Were alternatives to this purchase/improvement considered? If yes, please describe. If no, what weren't there considerations?
- Is the space owned or leased/rented?

- Has the building owner approved the improvement and given assurance that there will be no increase in rent under the current agreement following the improvement?
- Have building renovations with local zoning authority been approved, if applicable?
- What is the length of the current lease/rental agreement?
- Is this space shared with a program(s) serving non-seniors?
- If impacted by the improvement have the other building occupants/tenants given their approval? Shared costs should be considered for multiple use and/or occupancy spaces
- Is this space shared with program(s) serving non-seniors? If impacted by the improvement have the other building occupants/tenants given their approved?
- Approval of costs for improvements to shared spaces (either with respect to use of a space within the building, or occupancy of the building if the improvement is made to part(s) of the building used by all occupants/tenants and all will benefit from the improvement (such as modifications to an entrance used by all those who lease space in the building) will be pro-rated may be based on percentage of occupancy or time, whichever is most applicable.
- Enter a detailed breakdown of all equipment requests here. Attach equipment quotes with the form.
- Please explain how you will track the effect of the work project?
- What percentage of funding and time will be used from the purchase for the grant program?

An Evaluation Checklist is Included in Appendix 6 for your use.

**CARES-Act Capital Acquisition Request Form
 Prior Approval for Purchase of Equipment/ Capital Improvement
 \$5,000 or More**

Use this template to request approval from the Division of Aging and Adult Services for the purchase of a piece of equipment/work projects in excess of \$5,000 or more including costs associated with freight and set-up. Funds must be expended on allowable Older Americans Act activities as defined within the Act, as well as in accordance with state and local policies. Equipment must support COVID-19 pandemic response and/or prepare for future emergency response.

Date of Request:

Area Agency on Aging Name: _____
For Provider: _____
County: _____

Equipment/Work Project	Quantity	Unit Cost	ARMS Services Code (s)	Estimated Cost Including Freight
Installation Cost				
Delivery/Freight Cost				
Taxes if known				
Total				

***ATTEST:** My signature below is acknowledgement that I understand and comply with federal guidance [45CFR75.320\(c\)\(1\)](#) equipment and [45CFR75.407](#) prior approval. I further certify that I understand and comply with federal guidance 2CFR200.112 conflict of interest, and 2CFR200.436 depreciation. Depreciation of capital improvement will not be included in the indirect cost rate used to determined service rate.

Authorized Provider/Vendor:

***Signature** _____
Date _____

**Recommended by Area Agency
 Director/Designee:**

***Signature** _____
Date _____

DAAS Agency Use	Signature/Date
Approval of DAAS Subject Matter Expert:	_____
Approval of DAAS Section Chief:	_____
Approval of DAAS Director/Designee:	_____

Equipment/Capital Improvement Costing \$5,000 or more*
Justification Page Summary

CARES Act Capital Acquisition/Improvement Approval Process, SFY 2021

- For approval of CARES Act funding acquisitions of \$5,000 or more total cost.
- Acquisitions for a single purpose cannot be broken down into multiple smaller requests to avoid SUA approval.

Approval Process

- 1) Provider submits Capital Acquisition Request package to AAA for review
 - a. CARES-Act Capital Acquisition Request Form
 - i. Justification Summary
 - ii. Explanation for expense
 - iii. Alternatives considered
 - iv. Direct relationship to COVID-19 response
 - v. Relevance to future disaster response
 - b. Three Bids/Quotes/Cost Estimates or Explanation for omission
- 2) AAA receives Capital Acquisition Request package
 - a. Reviews for completeness
 - b. Evaluates request
 - c. Recommendation to Approve or Deny
 - d. Submits Capital Acquisition Request package and Recommendation to DAAS Lead Monitor
- 3) DAAS Capital Acquisition Review Committee receives Capital Acquisition Request package
 - a. Review Committee composition
 - i. Service Operations Section Chief
 - ii. Subject Mater Expert(s)
 - iii. Budget Office representative
 - iv. Lead Monitor
 - v. Assistant Director (as necessary)
 - b. Reviews request
 - i. Completes Review Checklist to evaluate request
 - ii. Considers request and AAA Recommendation
 - iii. Requests additional information/consults with AAA as necessary
 - iv. Review Committee makes decision to Approve or Deny
 1. If approved, any special conditions are documented
 2. If denied, brief explanation provided
 - c. Decision to Approve/Deny sent to AAA within 10 business days
 - i. Response letter signed by Assistant Director
 - ii. Emailed and hardcopy sent
 - d. AAA conveys decision to Provider

Appeal Process for Denials

- 1) Provider receives decision denying Request
- 2) Appeal letter, including justification, sent to AAA
- 3) AAA sends appeal and recommendation to DAAS Director
- 4) DAAS Director makes final decision to uphold or overturn denial
- 5) Appeal determination letter sent to AAA
- 6) AAA conveys Appeal decision to Provider

DAAS: COVID-19 Pandemic Response CARES Act Building Improvement (\$5,000 +)
Evaluation Checklist

Requesting Agency/Provider: _____

AAA Region: _____

Amount Requested: _____ Description of Request: _____

Date of Request: _____ Date of Committee Review: _____

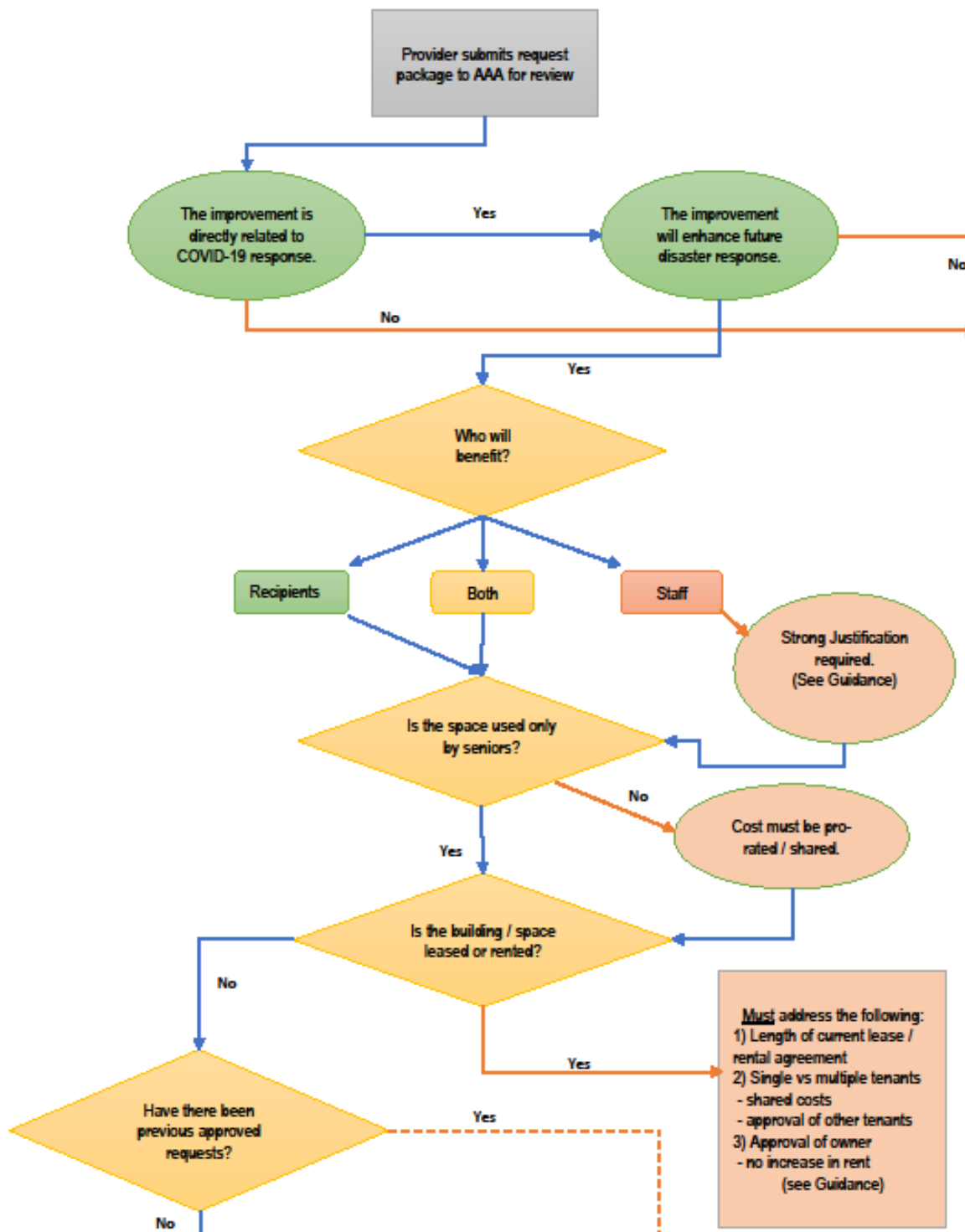
I. Screening Questions	YES	NO
Is this purchase related to COVID-19 pandemic response and/or future emergency preparedness? (See II. A and B below.)		
Are funds other than Older Americans Act funds being used to cover this expense?		
Are there other funding sources for this purchase available?		
Was there a need for this purchase prior to the onset of the COVID-19 pandemic?		
If applicable, has Requesting Agency/Provider cleared building renovations with local zoning authority?		

II. Criteria for Consideration		YES	NO
A.	Is the purpose of this improvement to enhance the health and safety of clients/participants?		
B.	Is the purpose of this improvement to enhance the health and safety of agency staff?		
C.	If the improvement is being made to only an administrative space, did the agency submit significant justification?		
D.	Does the Requesting Agency own the building for which the improvement is proposed?		
E.	Does the Requesting Agency share the building space with other agencies?		
E.1.	If yes, have the neighboring agencies been notified of and approve the requested building improvement?		
E.2.	Do the neighboring agencies also serve clients that are older adults? Approximate percentage of use of building/space by <i>older</i> adults: _____%		
F.	Has the Requesting Agency received approval for previous building renovations or improvements paid, at least in part, with CARES Act funding? If yes, what percentage of Requesting Agency's CARES Act allocation has been approved for building renovations to date? _____% (verify with DAAS Budget Officer)		
G.	Does the Requesting Agency rent or lease the building for which the improvement is proposed? <i>If no, stop here.</i> If yes, the duration of the current lease that is remaining is _____ year(s)/months.		
G.1.	Has the requesting agency provided documentation that the Landlord has been notified and consents to the modification/building improvement?		
G.2.	Has the requesting agency provided documentation that the Landlord will not increase rent for the remainder of lease agreement?		

Evaluator Initials: _____ Approval Status: _____

Additional Notes/Comments:

CARES Act-Funded Building Improvement Request Process/Decision Flowchart



CARES Act-Funded Building Improvement Request Process/Decision Flowchart

