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## **Fiscal and Program Reporting with Adapted Services for Covid 19**

### **Title III Older Americans Act Programs**

**Last updated 8/3/2020**

### **Frequently Asked Questions**

#### **General information:**

1. Is a match required for FFCRA and CARES Act funds?
  - a. No, there is no matching requirement to utilize FFCRA or CARES Act funds. It's up to each organization to determine if they will show matching contributions when completing Covid invoices.
2. How do I show program income for services collected under Covid?
  - a. Just like normal Title III services, all program income must be expensed toward the project for which it was received before federal dollars can be used. If you provided a Covid service and received a participant contribution for that service it must be shown and expended on your Covid invoice.
3. Can I pay for non-Covid related expenses using local cash on my Covid invoice?
  - a. No. Your Covid invoice should not contain expenses that are non-covid related. You will need to submit a second, normal invoice to account for your non-covid related expenses. This will need to be shown on your normal profit and loss statement. Example: Expense such as an audit required for the entire year would not be considered a covid related expense.
4. My WSSB funds need to be used by the end of June, how do I report this?
  - a. If WSSB funds are paying for covid expenses, they should be reported on the covid invoice. However, if you have expenses that would normally occur, (i.e. rent, utilities, etc.), regardless of covid, you can use your discretion to show these expenses on the standard program invoices as a local match.
5. Can I submit a Covid invoice, and a non-Covid invoice for the same time period if all expenses are not Covid related?



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- a. Yes. Ensure that expenses are not paid for with both funding sources.
6. When does my emergency status and the need to provide adaptive services end?
  - a. This is up to each organization to determine. You can use guidance from your local public health officials to help you determine when it is safe to return to normal services. However, if the need to offer adaptive services persists in your community, be sure to retain documentation/justification for this need.
7. What is the cutoff date for spending FFCRA and CARES Act funds?
  - a. These funds must be expended on pandemic related expenses and services through 9/30/2021.
8. Will FFCRA and CARES Act Funds roll over to the next fiscal year after 9/30/21.
  - a. No.
9. Am I required to use the FFCRA and CARES Act dollars to pay for expenses related to the pandemic?
  - a. This is up to each organization. If you choose to use FFCRA and CARES Act dollars, priority should be shown in spending these funds during the emergency response.
10. Will I have to complete quarterly reports for the emergency funding I received, i.e. FFCRA and CARES Act?
  - a. No. Quarterly reporting for these funding sources will be completed by the program managers at CLS.

### **Adapted Services:**

1. What are considered adapted services?
  - a. Any service your organization is providing that requires extraordinary measures to conduct safe business during the pandemic. For example; wearing gloves, wearing facemasks, limited occupancy, conducting health screening of participants, addressing social isolation, etc.



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2. Can I charge all organization expenses to FFCRA or CARES Act during the pandemic?
  - a. In order to use FFCRA and CARES Act funding the provider must demonstrate the need to apply adaptations to services or justify how the expenses relate to the pandemic response. This can be done using state or local guidelines to establish timelines, and necessary precautions. If purchasing equipment, you must follow normal procurement procedures and be prepared to justify these expenditures as it relates to the pandemic response. If purchasing supplies for anticipated future use related to the pandemic, be prepared to justify these expenditures.
3. In order to assist the state in documenting each provider's term of adaptation to services, please complete the following survey. Please update your answers to this form when significant changes to your service delivery occur: i.e opening for limited in-person services, or open for normal services, etc. Program managers may request that you complete this form prior to approving monthly invoices.  
[https://docs.google.com/forms/d/e/1FAIpQLSc85WUZJYxJkuehp2ttfOZolgCg7LAnxqsVmRchJg0aYGuYWA/viewform?usp=sf\\_link](https://docs.google.com/forms/d/e/1FAIpQLSc85WUZJYxJkuehp2ttfOZolgCg7LAnxqsVmRchJg0aYGuYWA/viewform?usp=sf_link)

### **Title III-B**

1. What services can I put under the Title III-B Covid codes in A&D?
  - a. While operating Title III-B services using adapted services, all services should be counted under the Covid 19 Information and Assistance service category. I.e wellness calls, delivering groceries, zoom exercises classes.
  - b. For Transportation services, i.e. transport clients to medical appointments, services should be counted under Covid 19 Transportation.
2. If I've provided adaptive services can I use my CARES Act funds to pay for expenses?
  - a. Yes. All services deemed to be adaptive can be billed toward the CARES Act dollars your organization was awarded.
3. I've utilized the entire amount of CARES Act funds that was deposited in our organization's account, will there be more funds to cover Covid related expenses?



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- a. Yes, the state issued each organization 50% of the available funds reserved for their Title III-B programs. If your expenses exceed this amount you may continue to send Covid invoices to be reimbursed for the remaining 50% of funds. Please contact the Program Manager if you need more information about funds available for your organization.
4. If I've used 100% of my CARES Act funds can I charge future expenses to my FFY20, Title III-B contracted award?
  - a. Yes.

### **Title III-C**

1. What services can I put under the Title III-C Covid codes in A&D?
  - a. COVID-19 Takeout meals (C1)
  - b. COVID-19 Delivered meals (C1)
  - c. Home Delivered Meals, COVID-19 C2
2. If I've provided adaptive services can I use my FFCRA and CARES Act funds to pay for expenses?
  - a. Yes. All services deemed to be adaptive can be expensed toward the CARES Act dollars your organization was awarded.
3. I've utilized the entire amount of FFCRA and CARES Act funds that was deposited in our organization's account, will there be more funds to cover Covid related expenses?
  - a. Yes, the state issued each organization 100% of FFCRA funds reserved for their organization, and 50% of the CARES Act funds reserved for their organization's Title III-C programs. If your expenses exceed this amount you may continue to send Covid invoices to be reimbursed for the remaining 50% of funds. Please contact the Program Manager if you need more information about funds available for your organization.
4. Can the CARES Act funding pay for congregate meals? (normal services)
  - a. No. CARES funding can only be used to pay for COVID expenses. If you are providing any adapted service due to COVID while providing congregate meals,



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discretion can be used to utilize COVID funding for these expenses. See below for information regarding adapted service definitions.

5. My organization has re-opened for normal services, how will I report the services in A&D?
  - a. The meal count in A&D will follow the program. If you are providing normal congregate meals, you will count those participants under C1- Congregate. If you are providing takeout meals, you will count those participants under COVID-19 takeout (C1). If you are providing delivered meals to C1 participants, you will count those participants under COVID-19 delivery (C1).
  - b. All COVID meals and the expenses associated with those meals may be paid for using FFCRA and CARES Act funds. If FFCRA and CARES Act funds are depleted, COVID meals can be paid for using your normal FFY20 contracted funds. Normal, non-COVID meals should be charged to your FFY20 contracted funds.
  - c. For C2 participants, if you are providing any adapted delivery service for home delivered meals due to COVID, you will count those participants under Home Delivered COVID-19 C2. If you are not providing any adapted services, you will count those participants under Home Delivered COVID-19 C2.
  - d. All COVID meals and the expenses associated with those meals may be paid for using FFCRA and CARES Act funds. If FFCRA and CARES Act funds are depleted, COVID meals can be paid for using your normal FFY20 contracted funds. Normal, non-COVID meals should be charged to your FFY20 Contracted funds.
6. How do we proceed once the CARES Act funding is depleted for meals programs?
  - a. Once the CARES Act funding is depleted, you can submit an invoice for C1 and C2. If the CARES Act funding is depleted in the middle of the month, we will reimburse from C1 and C2 based on expenses, not meals. This is only applicable for that specific month because we cannot base the meal count reimbursement for an entire month. After that, we will proceed with reimbursement by meals from C1 and C2 FFY2020 contract funding.



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7. How should NSIP funds be reported?
  - a. NSIP funding should be reported on the normal C1 and C2 invoices, under the NSIP column. P&L statements should be submitted with the invoice.

### **Title III-E**

1. What services can I put under the Title III-E Covid codes in A&D?
  - a. Assistance: Care Coordination adaptive service i.e. calling the Caregiver instead of seeing them face-to-face.
  - b. Support Groups and/or Trainings: Adaptive service i.e. using skype, facetime, zoom, calls, etc.
  - c. Respite: Adaptive services i.e. wearing a mask, gloves while providing respite.
  - d. Supplemental Services: Adaptive services i.e. wearing a mask, gloves while delivering groceries, checking PERS via a phone call, skype, etc.
2. If I've provided adaptive services can I use my CARES Act funds to pay for expenses?
  - a. Yes. All services deemed to be adaptive can be expensed toward the CARES Act dollars your organization was awarded.
3. I've utilized the entire amount of CARES Act funds that was deposited in our organization's account, will there be more funds to cover Covid related expenses?
  - a. Yes, the state issued each organization 50% of the available funds reserved for their Title III-E services. If your expenses exceed this amount you may continue to send Covid invoices to be reimbursed for the remaining 50% of funds. Please contact the Program Manager if you need more information about funds available for your organization.
4. See Also: Title III-E CARES Act Funding Disbursement document, and CARES Act Adaptive Services P&L.



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## Appendix A - Title III-C Nutrition

### Title III-C Nutrition Program COVID-19 Funding and Programmatic Information

Updated 7/30/20

#### Funding Questions

1. *What is the order of the funding to be used?*
  - a. Families First (CMC2 and HDC2)
  - b. CARES (HDC3)
  - c. FFY2020 C1 and C2 OAA Grants
2. *Once I have used the Families First funding, how do I proceed?*
  - a. Once the Families First is expended, HDC3 funding can be used for nutrition program expenses. The first payment you received for HDC3 was 50% of the total award. Once you have depleted the first 50% CARES funding that you already received, you can continue to seek reimbursement for the remaining 50% of the CARES funding that was allocated to your organization. You will continue to submit the HDC3 invoice and we will make the payments based on the first 50%, what you have expended, and what your federal expenditures are on the invoice.
  - b. Example:
    - \$25,000 CARES funding received (first 50% payment)
    - \$50,000 is the total CARES funding award (remaining 50% is available for reimbursement)
    - HDC3 May invoice shows \$34,000 federal expenditure. We will pay the \$9,000 difference between the first CARES payment and the remaining balance owed. There is a remaining \$16,000 of the CARES funding allowable for reimbursement for the next month of invoicing.





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3. *Once I have used the CARES (HDC3) funding, how do I proceed?*
  - a. Once the CARES Act funding is depleted, you can submit an invoice for C1 and C2. If the CARES Act funding is depleted in the middle of the month, we will reimburse from C1 and C2 based on expenses, not meals. This is only applicable for that specific month because we cannot base the meal count reimbursement for an entire month. After that, we will proceed with reimbursement by meals from C1 and C2 FFY2020 OAA contract funding.
  - b. Reimbursement for the first month will be based only on **Federal and State expenditures**, not total expenditures. You must still provide justification that you are using Federal and State funds, but the reimbursement will not be based on meals. Please leave the meal counts blank (at 0) since reimbursement is not based on those meals.
  - c. You will have to calculate the Federal and State reimbursement amounts since they do not pre-populate based on meals. If you need an example of how to do this please refer to the detailed instructions in the federal invoice template. The rates to calculate the state reimbursement are:
    - i. FFY20 state match rate for C1 is calculated at .065367.
    - ii. FFY20 state match rate for C2 is calculated at .065367.
4. *I am providing congregate meals. What changes do I need to make for programmatic and fiscal purposes?*
  - a. Congregate meals will be reimbursed through the C1 grant funding, unless your organization is providing adapted services and HDC3 funding is still available.
  - b. Congregate meals will be counted in A&D as a C1-Congregate meal. Even if adapted services are being provided, if seniors are congregating together at the senior center then this qualifies as a congregate meal.
5. *Will takeout meals be reimbursed from C1 or C2?*





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- a. Takeout meals are not provided in a congregate setting so they will be reimbursed through C2 grant funds.
- 6. *Will C2 meals continue to be counted in A&D as a Home Delivered COVID-19 meal?*
  - a. This will be left to the discretion of the provider. If adapted services are being provided for C2 Home Delivered meals, they can continue to count those meals as Home Delivered COVID-19. If adapted services are not being provided, the meals can be counted under C2-Home Delivered.
- 7. *Can we transfer funds between FFY2020 C1 and C2 grant funds?*
  - a. Yes. Please see the memo sent from the CLS manager.

#### **A&D Questions**

- 8. *My organization has re-opened for normal services, how will I report the services in A&D?*
  - a. The meal count in A&D will follow the program. If you are providing normal congregate meals, you will count those participants under **C1- Congregate**. If you are providing takeout meals, you will count those participants under **COVID-19 takeout (C1)**. If you are providing delivered meals to C1 participants, you will count those participants under **COVID-19 delivery (C1)**.
  - b. For C2 participants, if you are providing any adapted delivery service for home delivered meals due to COVID, you will count those participants under **Home Delivered COVID-19 C2**. If you are not providing any adapted services, you will count those participants under **C2 Home Delivered meals**.

#### **NSIP Questions**

- 1. *Can C1 and C2 NSIP funds be transferred between programs?*
  - a. Yes. As long as the full amount of NSIP funds received for the fiscal year have been spent in the same fiscal year, NSIP funds can be transferred from C1 to C2, or C2 to C1. Documentation must be provided for transfer of funds through the profit and loss statement and quarterly reports.



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2. *How should NSIP funds be reported?*

- a. NSIP funding should be reported on the normal C1 and C2 invoices, under the NSIP column. P&L statements should be submitted with the invoice.
- b. The quarterly reports should reflect the NSIP totals based on the monthly invoices submitted for C1 and C2. COVID invoices should not include NSIP expenses.



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## **Appendix B - Title III-E Caregiver**

### **National Family Caregiver Support Programs - CARES Act Funding Distribution Updated 5/22/2020**

Phase I Two Sections:

A) Stipend to the Caregivers/Older Relative Caregivers who have been identified to be the programs from 10/01/2019 but receiving services 03/16/2020 through 05/31/2020.

Stipend	\$575.00
Caregivers	x 221
Total Cost	\$127,075.00

Requirements:

- Have a list of your current Caregivers/Older Relative Caregivers who received services from 03/16/2020 through 05/31/2020.
- Compare provider's list to the A&D report Jeanne will email to the Director.
- Jeanne will set up an appointment with each of the providers to confirm the Caregivers/Older Relative Caregivers count.
- Once Caregivers/Older Relative Caregivers are approved by provider and Jeanne, CLS will begin the payment process to the provider.
- Provider is responsible for providing verification that each check has been cashed. Funds will have to be returned for any check(s) that hasn't been cashed by 12/31/2020.

B) Reimbursement to National Family Caregiver Support Program Providers for: a) stipend accounting processing, b) data entry into WellSky Aging & Disability, c) Access Care Coordinators amending service plans and informing the Caregivers about the stipend and d) Director authorizing the checks.



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Caregiver Provider Reimbursement:

\$100.00 per Caregiver/Older Relative Caregivers

x 221

Total Cost     \$22,100.00

Requirements:

- The provider's fiscal staff will create a check to the approved Caregivers/Older Relative Caregivers for the amount of \$575.00. A separate P&L will be needed for the CARES Act funding.
- The Director will authorize the checks.
- The ACC will do a Change of Status form to add the service "Stipend" to the current service plan for the approved Caregivers/Older Relative Caregivers.
- The ACC will contact the approved Caregivers/Older Relative Caregivers to inform them about the stipend.
- The A&D staff will enter the Change of Status form revisions into WellSky A&D. The entry will be made under Supplemental Services – Service will be Stipend.
- The provider will determine who will take the check to the approved Caregivers/Older Relative Caregivers and document the delivery of the check.
- Once the check has been cashed and clears the provider's bank the provider can request reimbursement for the requirements. The fiscal staff will use the Title IIIIE CARES Act Invoice, provide the CARES Act P&L, A&D Report and complete the Caregiver and/or Older Relative Caregiver Stipend form.

Phase II:

Disburse \$10,000.00 to each Caregiver/Older Relative Caregiver provider currently serving a county to prepare and plan for the COVID-19 surge while providing support services to current Caregivers/Older Relative Caregivers and to add three additional Caregiver/Older Relative Caregivers to the National Family Caregiver Support Program. Support Services may include, but not limited to, transporting the Caregiver and/or loved one(s) to doctor appointments or for pharmacy and grocery delivery, purchase a tablet for use by the older adults/family caregivers (policy and procedures will be created for this expense), or ask the Caregiver/Older Relative Caregiver(s) what do they need during this emergent status.

Caregiver Providers enhancing support services     \$10,000.00



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X 18

Total Cost \$180,000.00

Requirements:

- CLS will pay Title III Providers \$5,000.00 on 05/29/2020 to meet Phase II. All services provided with this \$5,000.00 must be reported on the provider's CARES Act P&L.
- CLS will pay Title III Providers another \$5,000.00 when/if a resurgence of COVID-19 happens. All services provided during this timeframe must be reported on the provider's CARES Act P&L.
- A&D staff will enter the services being provided.

Phase III Two Sections:

A) Stipend to the Caregivers/Older Relative Caregivers who have been on the programs from 01/01/2021 through 05/31/2021. These dates are fluent depending upon the resurgence of the emergent status. The number of Caregivers/Older Relative Caregivers is an estimate.

Stipend	\$575.00
Estimated Caregivers/Older Relative Caregivers	x 380
Total Cost	\$218,500.00

Requirements:

- Have a list of your current Caregivers/Older Relative Caregivers who received services from 01/01/2021 through 05/31/2021.
- Compare provider's list to the A&D report Jeanne will email to the Director.
- Jeanne will set up an appointment with each of the providers to confirm the Caregivers/Older Relative Caregivers count.
- Once Caregivers/Older Relative Caregivers are approved by provider and Jeanne, CLS will begin the payment process to the provider.
- Provider is responsible for providing verification that each check has been cashed. Funds will have to be returned for any check(s) that hasn't been cashed by 08/31/2021.

B) Reimbursement to National Family Caregiver Support Program Providers for a) stipend accounting processing, b) data entry into WellSky Aging & Disability, c) Access Care



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Coordinators amending service plans and informing the Caregivers/Older Relative Caregivers about the stipend and d) Director authorizing the checks.

Caregiver Provider Reimbursement

\$100.00 per Caregiver/Older Relative Caregiver

x 380

Total Cost     \$38,000.00

Requirements:

- The provider's fiscal staff will create a check to the approved Caregivers/Older Relative Caregivers for the amount of \$575.00. A separate P&L will be needed for the CARES Act funding.
- The Director will authorize the checks.
- The ACC will do a Change of Status form to add the service "Stipend" to the current service plan for the approved Caregivers/Older Relative Caregivers.
- The ACC will contact the approved Caregivers/Older Relative Caregivers to inform them about the stipend.
- The A&D staff will enter the Change of Status form revisions into WellSky A&D. The entry will be made under Supplemental Services – Service will be Stipend.
- The provider will determine who will take the check to the approved Caregivers/Older Relative Caregivers and document the delivery of the check.
- Once the check has been cashed and clears the provider's bank the provider can request reimbursement for the requirements. The fiscal staff will use the Title IIIIE CARES Act Invoice, provide the CARES Act P&L, A&D Report and complete the Caregiver and/or Older Relative Caregiver Stipend form.