FLORIDA DEPARTMENT OF ELDER AFFAIRS

ADULT CARE FOOD PROGRAM WAIVER REQUEST

**1. State agency submitting waiver request and responsible State agency staff contact information:**

Florida Department of Elder Affairs

Adult Care Food Program

4040 Esplanade Way

Tallahassee, FL 32399

Ginnifer Barber, Bureau Chief Dori Landsberg, Nutrition Program Manager

850-414-2031 850-414-2059

[barberg@elderaffairs.org](mailto:barberg@elderaffairs.org) [landsbergd@elderaffairs.org](mailto:landsbergd@elderaffairs.org)

**2. Region:**

Southeast Regional Office (SERO)

**3. Eligible service providers participating in waiver and affirmation that they are in good standing:**

The Florida Department of Elder Affairs, Bureau of Statewide Community Based Services is requesting these waivers on behalf of all participating ACFP providers and sponsoring organizations that are currently in good standing with the State Agency (SA).

**4. Description of the challenge the State agency is seeking to solve, the goal of the waiver to improve services under the Program, and the expected outcomes if the waiver is granted. [Section 12(l)(2)(A)(iii) and 12(l)(2)(A)(iv) of the NSLA]:**

ACFP is requesting the following statewide waiver due to the COVID-19 pandemic:

Allow all sponsoring organizations to waive the requirement for on-site reviews and allow for desk reviews of the facilities claim paperwork for the next 90 days to allow institutions to comply with the recommendation for social distancing.

The challenges that the SA and ACFP providers may face if these waivers are **NOT** approved include a decrease in the health of participants who no longer have access to healthy meals due to unanticipated adult day care and mental health facility closures and an increased potential for spread of the virus due to ineffective implementation of social distancing. The SA anticipates that if the waiver is granted, the impact of the COVID-19 pandemic can be decreased throughout the State of Florida.

**5. Specific Program requirements to be waived (include statutory and regulatory citations). [Section 12(l)(2)(A)(i) of the NSLA]:**

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| **7 CFR 226 Citation** | **Requirement to be Waived** |
| 7 CFR 226.16(d)(4)(iii) | *“Frequency and type of required facility reviews.* Sponsoring organizations must review each facility three times each year, except as described in paragraph (d)(4)(iv) of this section. In addition:  (A) At least two of the three reviews must be unannounced;  (B) At least one unannounced review must include observation of a meal service;  (C) At least one review must be made during each new facility's first four weeks of Program operations; and  (D) Not more than six months may elapse between reviews. |

**6. Detailed description of alternative procedures and anticipated impact on Program operations, including technology, State systems, and monitoring:**

ACFP will provide detailed information and instructions to all participating providers on the waiver process. ACFP providers will be required to request approval for the use of the waiver(s). The alternative procedures would allow ACFP providers in good standing to serve meals to clients in a non-congregate setting during unanticipated closures due to a public health emergency (i.e., COVID-19, novel coronavirus). This includes an allowance for ACFP providers to provide multiple meals and snacks at one time for up to a 5-day period.

**7. Description of any steps the State has taken to address regulatory barriers at the State level. [Section 12(l)(2)(A)(ii) of the NSLA]:**

No barriers have been identified at the State Agency level. There are currently no state-level regulatory barriers related to this specific issue.

**8. Anticipated challenges State or eligible service providers may face with the waiver implementation:**

We do not anticipate that this waiver will present any challenges to the State Agency or to ACFP contractors.

**9. Description of how the waiver will not increase the overall cost of the Program to the Federal Government. If there are anticipated increases, confirm that the costs will be paid from non-Federal funds. [Section 12(l)(1)(A)(iii) of the NSLA]:**

The requested waiver does not increase the overall cost of the program to the Federal Government. The waiver is intended to replace meals that would have been served in a congregate setting at the CCFP site had the site (or school) not experienced an unanticipated closure.

**10. Anticipated waiver implementation date and time period:**

The waiver will begin March 16, 2020 and is requested to remain in place through the end of the Federal Fiscal Year (September 30, 2020), unless otherwise specified above.

**11. Proposed monitoring and review procedures:**

ACFP will work with approved providers on the approval, implementation, and reporting of this waiver. During the review process, State Agency staff will confirm whether the waiver(s) have been implemented correctly and in compliance with regulatory requirements through an extensive review of the provider’s ACFP records.

**12. Proposed reporting requirements (include type of data and due date(s) to FNS):**

ACFP will provide a report about the use of the waiver to USDA by December 31, 2020. This report will provide data and an analysis of the waiver impact to include:

1. A description of how the waiver impacted meal service operations, client’s access to nutritious meals, and participation in the ACFP
2. A description of how the waiver impacted the quantity of paperwork necessary to administer the program
3. The number of ACFP contractors that used the waiver
4. The number of meals served at sites that used the waiver
5. A summary of findings, if any, associated with the use of the waiver

**13. Link to or a copy of the public notice informing the public about the proposed waiver [Section 12(l)(1)(A)(ii) of the NSLA]:**

<http://www.elderaffairs.org/doea/nutrition.php>

**14. Signature and title of requesting official:**

Dori Landsberg, FCCM

Nutrition Program Manager

Bureau of Statewide Community Based Services

Address: 4040 Esplanade Way, Tallahassee, FL 32399

Requesting official’s email address for transmission of response: [landsbergd@elderaffairs.org](mailto:landsbergd@elderaffairs.org)

**TO BE COMPLETED BY FNS REGIONAL OFFICE:**

*FNS Regional Offices are requested to ensure the questions have been adequately addressed by the State agency and formulate an opinion and justification for a response to the waiver request based on their knowledge, experience and work with the State.*

**Date request was received at Regional Office:**

**Check this box to confirm that the State agency has provided public notice in accordance with Section 12(l)(1)(A)(ii) of the NSLA**

**Regional Office Analysis and Recommendations:**