FREQUENTLY ASKED QUESTIONS
Centers for Independent Living: COVID-19 Aid, Relief, and Economic Security Act of 2020 (CARES Act) Funding

June 12, 2020 – UPDATED – This FAQ supersedes previous CIL CARES Act Funding FAQs

These FAQs are provided in response to questions received by ACL on the supplemental funding provided by the COVID-19 Aid, Relief, and Economic Security Act (CARES Act) which the President signed into law on March 27, 2020. The CARES Act provides $85 million in supplemental funds to Centers for Independent Living (CILs) to respond directly to the COVID-19 pandemic. The $85 million was distributed on April 21, 2020. CILs are directed to utilize the entirety of the funds to respond to the COVID-19 pandemic and the surge of needs of individuals with disabilities to access or reconnect with the services and supports they need to remain safely in their communities.

CARES Act Funding

Q1: How were funding amounts to each CIL determined?
A1: ACL applied the same formula that is used to determine annual CIL funding. This formula includes the following factors: (1) Total Population from latest Census; (2) 1992’s Distribution; (3) State/Territory minimums; (4) State's (Prior Year's amount + CPI adjustment).

Q2: Over what period of time can CILs use CARES Act funds to cover allowable expenses?
A2: Allowable expenses obligated from January 20, 2020 through September 30, 2021 can be paid for with CARES Act funding.

Q3: Will there be any carry over authority associated with CARES Act funding?
A3: The project period for CARES Act funds will expire September 30, 2021. This means a request for carryover from FY20 to FY21 is not necessary. CARES Act funding must be obligated by September 30, 2021 and liquidated within 90 days (December 31, 2021).

Q4: Will the amount of CARES Act funds our CIL receives be influenced at all by formulas for allocating new funding received that are included in our state’s existing SPIL?
A4: No. The need to respond to the COVID-19 pandemic is immediate. Reviewing SPIL language, and processing SPIL amendments would create significant delays in making funds available to CILs.

Q5: Will these supplemental funds impact funding next year?
A5: No. The supplemental funds are part of a one-time appropriation from Congress to respond to the COVID-19 pandemic.
Q6: Will my CIL be receiving a CARES Act award number in PMS or will CARES Act funding be combined with current Part C awards?
A6: CARES Act funds have appeared in PMS with the same grant number as Part C funding, but with “ILC3” at the end. CILs should assure that funds drawn from “ILC3” are tracked separately from normal Part C funding. Do not comingle Part C and CARES Act funds.

Q7: Can a CIL decline CIL CARES Act funding?
A7: No. CIL CARES Act funding has been fully distributed to federally funded CILs.

CARES Act operational activities

Q8: What are allowable CARES Act operational activities and expenses?
A8: CIL CARES Act supplemental funding must be focused on responding to needs that are the result of the COVID-19 pandemic. There are no changes or expansions to the allowable expenses outlined in 45 CFR 75 or the Rehabilitation Act, as amended (Rehab Act). CILs are especially encouraged to review the section on reasonableness of costs (45 CFR § 75.404) for familiarity.

All allowable expenses prior to the passage of the CARES Act remain allowable. Grantees are expected to make prudent, reasonable decisions regarding the allowability of CIL CARES Act operational costs in the same manner the grantee would determine allowability of operational costs funded by any other funding stream. The following are examples of allowable COVID-19 related operational costs:

1. **Technology:** CILs are encouraged to use technology to enable and support the provisions of services. Funds provided under the CARES Act can be used to expand and/or utilize technology for consumers and staff with the intent of reaching more consumers; this may include remote service delivery technology and equipment (e.g. web or cloud based case management systems, laptops, cellphones, assistive technology, and telecommunication). Funding may also support the training necessary for consumers and staff to effectively utilize technology and equipment.

2. **COVID-19 Related Supplies:** CILs may purchase goods and services that advance the safety and health of both staff and consumers before, during, and after the delivery of direct services and activities intended to address COVID-19 related needs. Supplies such as masks and gloves are allowable. CILs may purchase personal care necessities (e.g. toilet paper, soap, and hand sanitizer) as well as life sustaining food for consumers who are unable to self-procure these supplies while following social distancing guidelines. CILs are strongly encouraged to partner locally to coordinate on supplies and provisions.

3. **Salaries, Wages, and Leave:** ACL has released guidance based on temporary COVID-19 specific flexibilities granted by OMB. These flexibilities are in effect for 90 days or June 17th, at which point the flexibilities may be extended. This guidance may be accessed at: [https://acl.gov/sites/default/files/COVID19/C19FAQ-Grants_2020-03-30.pdf](https://acl.gov/sites/default/files/COVID19/C19FAQ-Grants_2020-03-30.pdf).
Per this guidance, grantees may obligate salaries and benefits to currently active Federal awards consistent with the recipients' policy of paying salaries under unexpected or extraordinary circumstances (such as the COVID-19 pandemic) from all funding sources.

Please note that this flexibility is only allowable if consistent with your CIL’s current and approved policies. Failure to have and follow established leave policies addressing these issues would render these expenses unallowable.

Due to the unprecedented nature of the COVID-19 pandemic, ACL understands that CILs may not have had all the policies and procedures in place that would address current and unusual circumstances. CILs should actively develop and/or update their policies and procedures as necessary and have them in place no later than May 31, 2020. Policies and procedures may be made effective retroactive to January 20, 2020. The following are recommended steps you and your leadership team can take:

- Review the policy manual and identify the portion most applicable to the situation. Applicable leave may be a different category of leave.
- The range of allowable activities that staff of a CIL can perform are extremely broad and as such there are any number of different ways a CIL could change its operations in response to COVID-19 demands. A CIL should therefore exercise caution before coming to the conclusion that no work-related activities can be performed.

Please note that it is not an allowable use of Rehab Act or CARES Act funds to pay wages or benefits for staff who have indicated (or agency leadership has determined) will not return to work. In this case the CIL would utilize polices related to separation of employees.

**Q9:** In addition to regular salaries, can I pay my staff hazard pay if they have been working during the COVID-19 pandemic?

**A9:** Not all work being done during current stay-at-home orders is considered hazardous (e.g. telework from a remote location). Hazard pay means that employees are paid additional wages for performing hazardous duty or work involving physical hardship, including exposure and potential exposure to the COVID-19 virus. Work duty that requires this hardship that is not adequately alleviated by alternative stations or protective devices are deemed to impose a physical hardship. It is possible and likely that an employee may have some hours that are worked in a hazardous condition and others that are not. CILs are encouraged to have policies in place that adequately support hazard pay decisions including ensuring policies are fair and equitable across the agency. Policies should minimally address:

- What documentation, if any, must be provided to support a hazardous working condition?
- How will the CIL identify which hours an employee is working in hazardous and non-hazardous conditions?
- How does the CIL ensure pay is reasonable and in accordance with similar compensation for similar positions or duties?
Q10: Our CIL cannot possibly be open or provide services in any way during the COVID-19 response. Is it allowable to continue drawing CARES Act funds?
A10: It is allowable to take a reasonable amount of time to respond to remote work arrangements, social distancing guidelines, and other constraints that have resulted from the COVID-19 pandemic. It is not acceptable to suspend all services for the duration of the pandemic. If you have or anticipate a need to suspend CIL services you should contact your program officer immediately for guidance.

Q11: Our CIL has furloughed staff who worked on programs previously funded by fee for service activities. Can CARES Act funding pay for these staff?
A11: Any staff conducting allowable COVID-19 related activities may be supported by CIL CARES Act funding.

Q12: How long can CIL staff work from alternate locations or provide remote services?
A12: A CIL’s service delivery model is determined by the CIL. Salaries and pay for staff providing services from remote or alternate locations are allowable costs. Paid wages for staff who are NOT engaged in CIL activities, and have no plans to do so, are not an allowable cost (see above guidance for covering salaries and wages during COVID-19). Please note this not the same as paying costs related to an employee exiting their employment (severance, leave cash out, etc.) or the normal use of established leave (sick, vacation, etc.).

CILs should actively develop and/or update their policies and procedures as necessary and have them in place no later than May 31, 2020. Policies and procedures may be retroactive to January 20, 2020. Details of health and safety policies should follow the guidance of their state and local government agencies as well as the Centers for Disease Control and Prevention (CDC).

Q13: Can we use CARES Act funding to provide services outside our CIL approved service area?
A13: CILs should provide services and carry out activities in approved program service areas. Approved program areas can be either the Part C approved program areas or state specific approaches to the delivery of emergency services included in current or future SPIL as described in the Disaster Services Policy issued by ACL in 2018 and found on the ACL webpage at https://acl.gov/programs/aging-and-disability-networks/centers-independent-living.

ACL strongly encourage CILs to review the Disaster Services Policy and/or consult with their federal program officer prior to providing services outside of their approved program service area.

Q14: Will the receipt of these funds affect any application we have made or might make for loans to nonprofits through the CARES Act?
A14: ACL is not in a position to provide guidance on requirements of non-ACL programs. CILs are responsible for addressing questions and concerns directly to the agency administering other funds for which a CIL applies.

Services Provided in Response to COVID-19

Q15: What are allowable CARES Act CIL program activities?
A15: CARES Act funding is to respond to the COVID-19 pandemic. Funding should support direct services and activities that help people with disabilities stay connected to or reconnect with the services and supports they need to stay safely in their homes.
Appropriate areas of emphasis include:

- Service coordination during and after the COVID-19 pandemic;
- Services and activities that assist individuals with disabilities who are at risk of being institutionalized to remain in their communities;
- Services and activities that assist individuals with disabilities to move from an institutional setting to a home in a community-based setting;
- Services and activities that address the shortage of accessible housing;
- Partnerships with local agencies that address food insecurity; and
- Systems advocacy to ensure health equity in medical settings.

Whether or not a cost is allowable depends on many variables. Grantees are expected to make prudent, reasonable decisions regarding the use of CIL CARES Act operational costs in the same manner the grantee would determine use of operational costs funded by any other funding stream. Questions to consider include:

- Does the cost align with the CARES Act guidance provided in the CIL CARES Act FAQ?
- Is the expense for an eligible consumer?
- Is the expense necessary to keep staff and/or consumers safe during program related services and activities?
- Does the service address a need documented before or after COVID-19? Timing of the need may impact determination.
- Is the expense reasonable (45 CFR 75.403) and in accordance with other 45 CFR 75 requirements?
- Is the service or activity being performed in a consistent manner and according to current policy?

NOTE: If a CIL does not have a relevant policy in place regarding purchasing goods (life sustaining food, PPE, soap, etc.), they should assure it is created and board approved before May 31, 2020.

Q16: When providing basic food, supplies or PPE to a consumer, can the CIL provide enough for caregivers that provide direct support to the consumer?
A16: Yes. However, the CIL is strongly encouraged to document the caregiver needs related to providing consumer supports and efforts made to secure food, supplies, or PPE from other sources supporting people without disabilities. The CIL must be able to justify that the provision of food, supplies, or PPE is required in order for the consumer to receive services from the caregiver and live safely at home. ACL strongly encourages CILs to advance partnerships in their communities to increase resources available to respond to these issues.

Q17: How do we get required consumer signatures during stay-at-home and social distancing orders?
A17: The Rehab Act is clear that Independent Living Plans must indicate agreement between staff and consumers. Any format, electronic or otherwise, is allowable as long as that agreement is documented.

Not all documents utilized at a CIL are governed by ACL; for example a Release of Information or personnel documents. Those are governed by rules outside of ACLs jurisdiction and thus CILs are responsible for understanding and implementing each documents requirements. Specifics of how any of these items are defined and administered in a CIL should be documented in CIL policies.
Q18: What if a CIL needs to build capacity or alter its operations in order to serve individuals with disabilities during this pandemic?
A18: Given the unprecedented nature of the pandemic, it is likely that demand for services from your CIL will exceed your current capacity. This may result in the need to grow capacity and alter previous methods of operation. ACL and the IL-NET National Training and Technical Assistance Center on Independent Living will continue to provide program-level and CIL-specific support. CILs should proactively seek assistance so that they can serve the unique needs of their communities while utilizing the supplemental funds to address capacity shortfalls.

Q19: Can we partner in our community with other nonprofits and/or local businesses to deliver services?
A19: Yes. We encourage CILs to build partnerships in their communities and states, especially now during this pandemic. Some types of organizations that you may not currently be working with but may consider reaching out to include food pantries, shelters, transportation providers, and housing units. If you have not had such partnerships in the past, ILRU may be able to connect you with peer CILs that can provide insight and promising practices.

Reporting

Q20: Are there reporting requirements specific to CARES Act supplemental funding?

Q21: What will CILs be required to report?
A21: The CIL CARES Act report is a short, modified version of the larger, more comprehensive CIL annual program performance report. It will capture COVID-19 response activities. The CIL CARES Act PPR instrument and instructions can be found at https://acl.gov/COVID-19#.

Additional Resources
- 45 CFR 75
- HHS Grant Policy Statement Section II-7

For More Information: Please contact your Office of Independent Living Program Officer.