

**206.000 Nutrition****12-1-2016**

Each Area Agency on Aging (AAA) shall, through a comprehensive and coordinated system, provide for nutrition services to older Arkansans in their planning and service area, with particular attention to target groups identified by the Older Americans Act. Nutrition services must include, but are not limited to, congregate and home-delivered meals which meet Older Americans Act and DAAS requirements and which may also include special diets where feasible, nutrition screening and nutrition education for participants, in-service training, including food preparation and nutrition, for both paid and volunteer workers, and outreach. *Nutrition assessment and counseling are also to be provided, when appropriate and feasible.* The AAAs will incorporate the provisions of this policy and accompanying procedures into their policies and procedures, provide training on these provisions to nutrition service staff, monitor compliance with the policy and procedures, and provide appropriate technical assistance to subcontractors in meeting this and other DAAS, Older Americans Act, and AAA requirements.

To ensure that older Arkansans, particularly those in target groups identified by the Older Americans Act, have access to low cost, nutritionally sound meals served in strategically located centers such as schools, churches, community centers, senior centers, and other public or private facilities where they can obtain other social and rehabilitative services. The Nutrition Services Program seeks:

- A. To reduce hunger and food insecurity;
- B. To promote socialization of older individuals; and
- C. To promote the health and well-being of older individuals by assisting such individuals to gain access to nutrition and other disease prevention and health promotion services to delay the onset of adverse health conditions resulting from poor nutritional health or sedentary behavior.

**206.001 General Authority****6-1-11**

The Older Americans Act of 1965, as amended  
45 CFR 1321

Social Services Block Grant-CSPP

Rules and Regulations Pertaining to Food Service Establishments, Arkansas State Health Department

Arkansas Code Annotated Section 25-10-101 et. seq.

**206.002 Definitions****6-1-11**

**Acceptable Macronutrient Distribution Ranges (AMDR)** - Range of intake for a particular energy source that is associated with reduced risk of chronic disease while providing intakes of essential nutrients. If an individual consumes in excess of the AMDR, there is a potential of increasing the risk of chronic diseases and/or insufficient intakes of essential nutrients.

**Activities of Daily Living (ADLs)** - Tasks performed regularly, daily or multiple times daily, which are necessary for self care and/or independent living (eating, dressing, bathing, toileting, and transferring in and out of bed). (See also Instrumental Activities of Daily Living.)

**Adequate Intakes (AI)** - A recommended average daily nutrient intake level based on observed or experimentally determined approximations or estimates of mean nutrient intake by a group (or groups) of apparently healthy people. The AI is used when the Estimated Average Requirement (EAR) cannot be determined.

**Assistive Technology** - Technology, engineering methods, or scientific principles appropriate to meet the needs of, and address barriers confronted by, persons with functional limitations. (Nutrition related examples: devices that allow such persons to feed themselves or prepare their own meal, or the devices or processes used to modify food to allow a person to consume food by mouth.)

**Certified Dietary Manager (CDM)** - Designation used by persons who have completed a 12-18 month food service manager's course approved by the Dietary Managers Association or have an Associates or Bachelor's degree in a food-related field, and successfully completed a national registration exam. Course includes sections of training in nutrition and food service management.

**Comprehensive and Coordinated System** - An organized, interactive network for providing all necessary supportive services, including nutrition services, to older individuals in the service area, in a manner designed to: facilitate access to, and use of, supportive services and nutrition services available from public or private agencies or organizations within the service area; develop and make the most efficient use of such services and resources, with minimum duplication, in meeting the needs of older individuals; and encourage and assist public and private entities that have unrealized potential for meeting the service needs of older individuals to assist the older individuals on a voluntary basis.

**Congregate Meal** - A hot or other appropriate meal served to an eligible person at a congregate meal site. Meals comply with DAAS, Title III Nutrition Service Standards, and Dietary Guidelines for Americans, and provide a minimum of 33

1/3% of the Dietary Reference Intakes (DRIs) if one meal is served, 66 2/3% of the DRIs if two meals are served, and 100% of the DRIs if three meals are served, with the 2nd and 3rd meals balanced proportionally in calories and nutrients.

**Congregate Meal Site** - Generic name of a facility where meals are served in a group setting and comprehensive supportive services, including transport to the site, are provided to older adults. The facility is located as close to residences of the majority of eligible persons as feasible and may be a multi-purpose senior center, school, church, or other appropriate community facility.

**Dietary Guidelines for Americans (DGs)** - Recommended dietary practices for healthy Americans published jointly every 5 years since 1980 by the Department of Health and Human Services (HHS) and the Department of Agriculture (USDA). The Guidelines provide authoritative advice for people two years and older about how good dietary habits can promote health and reduce risk for major chronic diseases. They serve as the basis for Federal food and nutrition education programs.

**Dietary Reference Intakes (DRIs)** - A set of nutrient-based reference values that expand upon and replace the former Recommended Dietary Allowances (RDAs). They are actually a set of four reference values: Estimated Average Requirements (EARs), Recommended Dietary Allowances (RDAs), Adequate Intakes (AIs), and Tolerable Upper Intake Levels (ULs).

**Disability** - A loss of functional capacity due to physical or mental impairment, or both, resulting in substantial functional limitations in 1 or more of these areas of major life activity: (A) self-care, (B) receptive and expressive language, (C) learning, (D) mobility, (E) self direction, (F) capacity to live independently, (G) economic self-sufficiency, (H) cognitive functioning, and (I) emotional adjustment.

**Disease Prevention and Health Promotion Services** - Activities that identify risk for, or presence of, disease or health problems; encourage behaviors that reduce effects of, or prevent, chronic disabling conditions (mental or physical) or injuries; or provide information on preventative health services available. Nutrition related activities in this service include, but are not limited to, nutrition screening, nutrition assessment, nutrition counseling, nutrition education, and referral to other appropriate services.

**Education and Training Services** - Supportive services designed to assist older individuals to better cope with their economic, health, and personal needs through such services as consumer education, continuing education, pre-retirement

education, financial planning, and other education and training services, which will advance the objectives of the Older Americans Act.

**Estimated Average Requirements (EAR)** - the average daily nutrient intake level estimated to meet the requirement of half the healthy individuals in a particular life stage and gender group.

**Food Service Vendor** - A restaurant, hospital, school or commercial organization that contracts with an AAA Service Provider to supply prepared meals (usually at a fixed price per meal) to the provider who contracts with the AAA to provide nutrition and other services.

**Frail** - With respect to older individuals, one who is determined to be functionally impaired because the individual: (A) is unable to perform 2 or more activities of daily living without substantial human assistance, including verbal reminder, physical cues, or supervision; or (B) due to cognitive or other mental impairment, requires substantial supervision because the individual behaves in a manner that poses a serious health or safety hazard to him or herself or another individual.

**Greatest Economic Need (poverty)** - Need resulting from an income at or below the poverty line established each year by the Office of Management and Budget, and adjusted by the Secretary (DHHS) in accordance with subsection 673 (2) of the Community Services Block Grant Act (42 U.S.C. 9902 (2)).

**Greatest Social Need** - Need caused by non-economic factors including: (A) physical and mental disabilities; (B) language barriers; and (C) cultural, social, geographical isolation, including isolation caused by racial or ethnic status which restricts the ability of the person to perform normal daily tasks or threatens a person's capacity to live independently.

**Homebound** - Unable to leave the home without assistance (physical or mental) from another person. For nutrition services, the person is frail, homebound by reason of illness or incapacitating or disability or otherwise isolated.

**Home-Delivered Meal (HDM)** - A hot or other appropriate meal delivered to the residence of an eligible homebound person. Meals must follow the Dietary Guidelines for Americans, meet Title III and DAAS Nutrition Service Standards and contain of 1/3 DRIs if one meal is provided, 66 2/3% if two meals are provided and 100% if three meals are provided. 2nd and 3rd meals are proportionally balanced in calories and nutrients.

**Instrumental Activities of Daily Living (IADLs)** - Regularly performed tasks, necessary for independent living (preparing meals, shopping for personal items,

medication management, managing money, using a telephone, doing heavy housework, doing light house, etc.). (See also Activities of Daily Living)

**Menu Cycle** - A pre-planned written sequence of menus repeated over a specified time frame.

**Nutrition Assessment** - An in-depth evaluation of both objective and subjective data related to an individual's food and nutrient intake, lifestyle, and medical history. Nutrition assessments are performed by Registered Dietitians to assess and evaluate individual nutritional status. The assessment leads to nutrition counseling, or other nutrition intervention, designed to help the individual either maintain the assessed status or attain a healthier status.

**Nutrition Counseling** - Individualized guidance to individuals who are at nutritional risk because of their health or nutrition history, dietary intake, chronic illnesses, or medications use, or to caregivers. Counseling is provided one-on-one by a Registered Dietitian, and addresses the options and methods for improving nutrition status.

**Nutrition Education** - A service or program that promotes better health by providing accurate and culturally sensitive nutrition, physical fitness, or health (as it relates to nutrition) information and instruction to participants and caregivers in a group or individual setting overseen by a Registered Dietitian or individual of comparable expertise.

**Nutrition Outreach** - An activity designed to seek out and identify, on an ongoing basis, the maximum number of the hard-to-reach, isolated, and withdrawn target group of eligible individuals throughout the program area, and to encourage them to make use of existing services and benefits.

**Nutrition Screening** - The process of identifying individuals with multiple risk factors (easily identified characteristics known to be linked with increased likelihood of nutritional problems). This serves to identify individuals at nutritional risk.

**Nutrition Services** - Must include, but is not limited to, the provision of congregate and home-delivered meals, nutrition education, nutrition screening, and nutrition outreach which meet funding source, DAAS, and other applicable requirements. Services may also include special diets, nutrition assessment and counseling if appropriate and feasible.

**Nutrition Services Incentive Program (NSIP)** - The Nutrition Services Incentive Program provides supplemental funding for the OAA Nutrition

Program to States, Territories and eligible Tribal organizations to purchase domestic food only. This funding may not be used to pay for other nutrition related services, or state or local administrative costs. States may choose to receive the grant as cash, commodities from the United States Department of Agriculture or a combination of cash and commodities.

**Older Individual** - An individual aged 60 years or older.

**Project** - Defined as a provider of Nutrition Services for purposes of this policy. The provider may contract with the AAA to provide services at more than one location.

**Recommended Dietary Allowance (RDA)** - The dietary intake level that is sufficient to meet the nutrient requirement of nearly all (97 to 98 percent) healthy individuals in a particular life stage and gender group.

**Registered Dietitian (RD)** - An individual registered by the Commission on Dietetic Registration (CDR). CDR registration requires that the dietitian has completed at least a four-year course of study in a specified curriculum at a college or university accredited by the Commission on Accreditation for Dietetic Education (CADE), has successfully completed a CADE-accredited Dietetic Internship and has passed the CDR national registration exam. Ongoing continuing education is required. In Arkansas, persons using the title of Dietitian must be licensed (LD).

**Severe Disability** - A major, chronic loss in functional capacity due to mental or physical impairment, or both, likely to continue indefinitely and causing substantial functional limitation in 3 or more major life activities.

**Special Menu** - Meal plan that meets the particular dietary needs arising from health requirements, religious requirements, or ethnic backgrounds of eligible individuals. (See also Therapeutic Diet)

**Subcontractor** - A recipient of state or federal funds by grant, reimbursement, or other means from an Area Agency on Aging in exchange for services specified by contract. (AAA Service Provider)

**Targeted Group** - A segment of the population of the service area toward which services are directed. Nutrition services' target population is unserved older persons with the greatest economic and social need (including low-income minority individuals) and frail individuals likely to be at high nutritional risk.

**Therapeutic Diet** – A diet designed to treat a specific health problem. Requires a physician’s diet prescription and must be written under supervision and/or consultation of a Registered Dietitian.

**Tolerable Upper Intake Level (UL)** - The highest average daily nutrient intake level likely to pose no risk of adverse health effects for nearly all individuals in a particular life stage and gender group. As intake increases above the UL, the potential risk of adverse health effects increases.

### **206.003 Responsibilities**

**6-1-11**

Each Area Agency on Aging is responsible for:

- A. Determining the nutrition service needs of older individuals within its planning and service area, with input from participants, advisory boards, providers and DAAS;
- B. Evaluating the effectiveness and use of existing resources in meeting needs;
- C. Developing a comprehensive and coordinated system that sets out specific objectives to provide needed services, maintain existing services and plan new services based on results of needs assessment, including nutrition screening. The system must facilitate access to and use of services and make the most efficient use of resources, with minimum duplication;
- D. Coordinating with and assisting other agencies or groups in meeting the service needs of older individuals in the area;
- E. Entering into agreements with providers of nutrition services; and
- F. Reporting activities and outcomes as required.

### **206.004 Service Levels**

**6-1-11**

The AAA, and its providers, shall not reduce (from that approved in the area plan) the level of service, days of service, nor open or close a site without prior, written DAAS approval, except in weather related emergencies and natural disasters.

### **206.005 Awarding Contracts**

**6-1-11**

AAAs will not provide services directly unless specifically authorized by DAAS to do so. (DAAS Direct Services Policy 201) Nutrition Services shall be provided through contracts with organizations which, when possible, have

demonstrated an ability to provide meals efficiently and reasonably, will furnish assurances to the AAA that they will maintain efforts to solicit voluntary support, and will furnish assurances that Older Americans Act (OAA) funds will not be used to supplant funds from non-federal sources. The AAA will develop guidelines and provide technical assistance and training opportunities to assist subcontractors in meeting requirements. The AAA will monitor for compliance with OAA and DAAS requirements and take appropriate action if noncompliance is found.

- A. Each AAA will use a Request for Proposal (RFP) as a guide for advertising and accepting bids for nutrition services. Contracts will be for one year, with yearly renewal provisions for up to 3 additional years, unless AAA is operating under a waiver. Subcontractor will adhere to all assurances as set forth in the RFP.
  - 1. The subcontractor will not enter into a subcontract with any caterer or food service operator for the provision of meals to the nutrition program without an onsite inspection by the AAA and the written approval of the AAA.
  - 2. Caterers are subject to the same requirements applicable to the contracted service and the same schedule of assessments as service providers.
- B. Requirements for AAAs, Home-Delivered Meal Subcontractors and Congregate Meal Subcontractors:
  - 1. Provide adequate facilities and equipment to safely and effectively deliver quality services; (See Facilities and Equipment section)
  - 2. Locate congregate meal sites, if feasible, within walking distance or as close as possible to the majority of eligible older persons;
  - 3. Provide transportation for congregate participants to the meal sites;
  - 4. As specified in the Older Americans Act, establish and administer the project with the advice of Registered Dietitians, persons competent in the field of service in which the nutrition project is being provided, older persons who will participate in the program, and of persons who are knowledgeable with regard to the needs of older individuals;



5. Maintain adequate staffing to effectively deliver quality service in a safe and timely manner; (See Staffing Guidelines)
6. Complete intake process for all participants to document eligibility and nutritional risk. Update documentation with congregate participants, and reassess for continued need with HDM clients as specified in the Intake section of this policy;
7. Maintain waiting lists of those who have applied for and were eligible for services, but could not be served because of lack of resources;
8. Provide home-delivered meals and/or congregate meals at least once a day, for five or more days a week. (Lesser frequency must be approved by DAAS, as a part of the AAA Area Plan. Proposals to provide Home-Delivered Meals less frequently must include what provisions will be made for meals on days when meals are not delivered.) Each meal must be approved by a Registered Dietitian and meet nutrition and food handling standards outlined in these procedures;
9. In regard to HDM, hot meals are preferred, but cold, frozen, dried, canned or supplemental foods with a satisfactory shelf life may be used where appropriate and approved by the AAA and DAAS. Persons who deliver the meals must actually see the participant or caregiver before leaving the meal; (See Emergency Procedures)
10. Provide special menus, where feasible and appropriate, to meet the particular dietary needs arising from the health requirements, religious requirements, or ethnic backgrounds of eligible persons. (If provided, must meet criteria outlined in Nutrition section) Provider may contract with AAA to provide other appropriate nutrition services;
11. Make arrangements for food availability during weather related emergencies (for example; tornado, extreme heat or cold, winter storms); (See Emergency section)
12. Comply with Federal Food Code, Health Department, DAAS (see Section on Compliance with Food Service Requirements) and any Administration on Aging (AoA) regulations regarding the safe and sanitary handling of food, equipment, and supplies used in the storage, preparation, service and delivery of meals;

13. Conduct nutrition education programs as outlined in Nutrition Education section of these procedures;
14. Document and report, in a timely manner, the unduplicated number of persons served, number of persons on waiting lists, number of meals, contributions, and other information requested by the AAA and/or DAAS;
15. Solicit, safeguard, and account for voluntary contributions as described in the Contributions section;
16. Provide matching dollars and solicit volunteer support as required by the funding sources;
17. Establish ongoing nutrition outreach activities to assure the maximum numbers of eligible persons have an opportunity to participate. (See Outreach Section)

**206.006 Contributions****6-1-11**

- A. Eligible persons will not be denied a meal because they will not or cannot contribute to the cost of this service.
- B. All but Home and Community-Based Services Medicaid Waiver clients shall be given an opportunity to voluntarily contribute to the cost of this service.
- C. Subcontractors shall develop a suggested contribution schedule for participants, taking into account income ranges of eligible individuals in the community.
- D. The provider shall establish a guest meal charge. The charge must be at least the total cost of providing the meal.
- E. The suggested contribution schedule and guest meal charge shall be posted in a conspicuous place.
- F. Procedures must be established by subcontractors to protect each participant's privacy with respect to their contribution. HDM participants shall be provided with a blank or an agency addressed envelope that does not identify the participant.

- G. AAAs shall consult with service providers and older individuals about the best method for accepting contributions.
- H. Procedures must be established by subcontractors for collecting, handling, safeguarding, depositing and accounting for contributions. Contributions are to be counted and recorded daily by at least two people, one of whom is a program participant. Contributions shall be reported by the AAA to DAAS.
- I. Nutrition program contributions shall be used to increase the number of meals (program expansion).

**206.007 Outreach****6-1-11**

- A. AAAs shall conduct and assist providers with outreach efforts which will identify unserved individuals eligible for assistance, with emphasis on older individuals:
  - 1. Residing in rural areas;
  - 2. With the greatest economic and social need (particularly minority individuals);
  - 3. With severe disabilities;
  - 4. With limited English speaking ability; or
  - 5. With neurological and organic brain dysfunction.
- B. Projects shall establish a variety of outreach activities that ensure that the maximum number of eligible persons have an opportunity to participate.
- C. Outreach efforts shall comply with DAAS Outreach Policy.

**206.100 Assessments****6-1-11**

- A. The AAA shall conduct assessments of each subcontractor meal site at least once a year in accordance with DAAS 207.000, AAA Subcontractor Assessments Policy and Procedures. The AAA shall take appropriate action and follow-up to be sure corrections are made when noncompliance is found. A summary of findings and corrective actions must be sent to the provider within 4 weeks. (Risks to health & safety of participants must be immediately addressed when found.) The providers must reply within 4

weeks. The AAA must follow-up to assure that corrections were made. Documentation of assessments and follow-up must be available for DAAS review.

- B. The DAAS annual assessment of the AAA shall include, but will not be limited to, a review of program records, random on-site review of client records, observation of meal service, and inspection of subcontractor facilities and/or senior centers. Participant interviews for both home-delivered and congregate programs may also be conducted.

### **206.200 Congregate Meals Eligibility**

**6-1-11**

The primary target group of the congregate meal program is eligible persons with the greatest economic or social needs, particularly low-income minority elderly and those who cannot afford to eat adequately or lack knowledge, skills, mobility or motivation to obtain adequate food, or are otherwise at increased nutritional risk.

A means test may not be used to determine eligibility for OAA Nutrition Program; however, a means test may be applied to individuals who receive meals funded by sources which require a means test such as the Social Services Block Grant. Individuals will be eligible to participate in congregate meal services in one of the following two categories:

- A. Any individual determined to be eligible and who will benefit nutritionally from a congregate meal, and is:
  - 1. A person 60 or more years of age; or
  - 2. The spouse of a 60+ program participant; or
  - 3. An individual with a disability or disabilities, not yet aged 60, who resides in the home with and accompanies older persons eligible under the Older Americans Act, when the care and maintenance of the person with disabilities would otherwise prevent participation of the older person (See SSBG if SSBG client), and if participation of the person with disabilities will not prevent participation of older persons and their spouses; or
  - 4. (With AAA approval) A person with a disability or disabilities, not yet aged 60, living in a housing facility designated as elderly housing which provides congregate nutrition services, if

- participation by the person with disabilities will not prevent the participation of older persons and their spouses; or
5. Persons age 60 or more who meet Social Services Block Grant (SSBG) income, residence, and need for service criteria, if served by SSBG funds.
  6. Individuals not yet age 60, who provide meal related volunteer services during meal hours, when participation does not prevent an older person and their spouse from participating.
- B. Persons eligible to participate, but who must pay the full cost of the meal (and may not be included in the number of meals reported for payment/reimbursement):
1. Staff members under age 60 may consume a meal only when it will not deprive an eligible older person of an opportunity to receive a meal. (Provider may choose to provide staff meals at no cost or at reduced cost as a fringe benefit);
  2. Guests under age 60 if it will not deprive older persons and their spouses of a meal; and
  3. Older persons under the care of an agency/organization which is receiving reimbursement for their meal (e.g., nursing homes, adult day care programs, residential care facilities), providing that the agency/organization pays the center the full cost of the meal, makes any required reservations, and provides attendant assistance, as needed. (Contributions may not be solicited and OAA reimbursement cannot be claimed.)

### **206.201 Home-Delivered Meals Eligibility**

**6-1-11**

Receipt of home-delivered meal service is based on a determination of need/continued need. The primary target group of the home-delivered meal program is homebound eligible persons with the greatest economic or social needs (which may increase nutritional risk). Special attention is given to low-income, minority elderly, and others who do not eat adequate and nutritious meals because they are incapacitated due to accident, illness, or frailty; unable to prepare meals due to their limited mobility, psychological or mental impairment, inability to safely prepare meals, and/or lack of knowledge to select and prepare nourishing and well-balanced meals; and without adequate resources such as family, friends or other community services to provide them with meals.

A means test may not be used to determine eligibility for OAA Nutrition Program; however, a means test may be applied to individuals who receive meals funded by sources which require a means test such as the Social Services Block Grant.

Persons who have been determined to be eligible through assessment of need, will benefit nutritionally from receiving a meal, and are:

- A. 60 years and older, homebound (unable to leave the home without the assistance of another person), and have no one available to prepare the meal they will receive; or
- B. A person who is frail, homebound by reason of illness or incapacitating or disability or otherwise isolated; or
- C. The spouse of a 60+ homebound participant, if by criteria developed by the AAA or subcontractor, providing a meal is in the best interest of the homebound participant; or
- D. A person with disabilities, under age 60, who resides with an eligible participant, is unable to prepare nutritious meals and is in the home during the hours of meal service, with AAA approval; or
- E. 60 years or older and who meets SSBG income, service need, and residence requirements, if served with SSBG funds.

#### **206.202 Congregate Meals Participant Intake Process**

**6-1-11**

The following process must be completed for each participant:

- A. The participant or caregiver must be interviewed by the outreach worker, case manager, or site director (or trained designee). The interview must include an explanation of all aspects of the program participation, including the opportunity to contribute to the cost of the meal, emergency procedures, and availability of other services, if needed.
- B. A client intake form or consumer registration form must be completed.
- C. Nutrition screening must be completed. (May use “Determine Your Nutritional Health” Checklist).
- D. The intake information must be reviewed and updated annually.

**206.203 Home-Delivered Meals Participant Intake Process****6-1-11**

Receipt of home-delivered meal service is based on a determination of need or continued need. For each participant, prior to billing for the service, an outreach worker, case manager, or site director shall make a home visit in order to:

- A. Complete and place in participant's file: client intake forms, including a HDM needs assessment, which contains:
  1. A determination of why the service is needed, nature and degree of illness, disability, isolation or nutrition risk, with a statement that the client is homebound (unable to leave the home without the assistance of another person);
  2. Nutrition Screening (May use "Determine Your Nutritional Health" Checklist);
  3. A description of special needs;
  4. A summary of any hearing, chewing, swallowing, vision, and/or mobility problems;
  5. A description of other support available to the participant (such as SNAP benefits);
  6. Emergency contact information;
  7. The estimated length of time service will be needed;
  8. Whether other services may be needed; and
  9. Date of the next reassessment of need for the service.
- B. Discuss program participation, including:
  1. The opportunity to contribute to the cost of the meal (Contributions cannot be solicited or accepted from Home and Community-Based Services Medicaid Waiver clients.);
  2. Eligibility requirements and limited funding may permit serving only those in greatest need;
  3. How to safely handle the meals after delivery; and

4. Emergency meal procedures.
- C. Perform a reassessment home visit and interview to document continued need at least annually, more often if participant's needs may be short-term. The goal is for the participant to attend the congregate site, if able, to benefit from socialization and physical activity.

### **206.300 Physical Facilities/Equipment**

**6-1-11**

Each meal provider must secure and maintain adequate facilities and equipment for safe, sanitary, and efficient preparation, service, and delivery of meals. They must meet at least the following applicable requirements related to physical facilities and equipment:

- A. Locate facility, if feasible, within walking distance or as close as possible to the majority of eligible persons;
- B. Make the facility available for the hours and days specified in the DAAS approved Area Plan;
- C. Provide a facility adequate in size to comfortably accommodate meal service and activities for the usual number of persons served, and to allow safe and sanitary preparation, service and storage of food; (See local fire code and Health Department regulations)
- D. Provide buildings that have adequate heating, ventilation and cooling systems, screened (if applicable) doors and windows, adequate lighting, and well-marked, accessible exits with easy to open doors; (See Americans with Disabilities Act (ADA) and Section 504.)
- E. Provide facilities that meet all federal, state and local fire, building accessibility, sanitation and safety codes. Subcontractor shall arrange for all applicable health, fire, safety and sanitation inspections and post permits;
- F. Provide accessible restrooms, with adequate number of toilets and sinks for the usual number served, hot and cold running water, soap dispenser, disposable towels and covered waste can;
- G. Provide the appropriate facility and equipment to prepare menus as written, transport meals, and maintain proper food temperatures and sanitation during transport and holding. Equipment used for transport must be



- compatible with the packaging materials used in order to maintain nutritional quality, palatability and food safety;
- H. Provide adequate equipment and space for cleaning, sanitizing and storing dishes, flatware, and pans;
  - I. Provide adequate hand washing facilities, storage space for food, and adequate janitorial facilities, separate if possible; (See Health Department Regulations)
  - J. Provide adequate number and sizes of serving utensils to ensure uniform servings that meet the required 1/3 DRI as indicated on approved menus;
  - K. Provide adequate tables and chairs to comfortably accommodate participants, including aisle space to allow for walkers and wheelchairs;
  - L. Provide adequate tableware and flatware, in good condition, to serve all participants;
  - M. Make special provisions, as appropriate, for the service of meals to persons with disabilities and persons with limited mobility, including appropriate food containers and/or utensils; and
  - N. Provide a bulletin board, placed in a conspicuous location, on which the following are posted:
    - 1. Notice of the right of eligible persons to equal access to services;
    - 2. The full cost of the meal to be paid by guests under age 60;
    - 3. Suggested contribution for eligible participants;
    - 4. Sign with information on how to apply for SNAP benefits (formerly food stamps);
    - 5. Menu for at least one week;
    - 6. Emergency Evacuation Plan;
    - 7. Grievance procedure for participants;
    - 8. Toll-free information and assistance number;

9. Health Department permit; and
10. Other notices required by law.

**206.400 Volunteers****6-1-11**

The use of volunteers is encouraged whenever possible. The Older Americans Act requires that projects solicit the expertise of a dietitian or other individual with equivalent education in nutrition science, or if such an individual is not available, an individual with comparable expertise in the planning of nutritional services.

- A. The AAA shall employ, at least part time, a designated Nutrition Program Coordinator whose responsibilities include technical assistance to providers, oversight of compliance to programmatic components of contract, DAAS and Federal requirements, and day-to-day programmatic functions. It is suggested that the Program Coordinator have management and supervisory experience. A background in foods, nutrition, and food service management is recommended.
- B. The service provider must employ an adequate number of qualified personnel to ensure the satisfactory operation of the program. Project staffing must include:
  1. A qualified Program Director who has the ability and the responsibility to do the following in a professional manner:
    - a. Perform daily management and administrative functions of the nutrition program and related support services, including: reporting; supervision; coordination with community groups, providers of services to participants, and the AAA; managing program expenditures and income; and advocating for older persons.
    - b. Coordinate, develop and implement the nutrition program planning process.
    - c. Ensure services are provided in accordance with AAA, DAAS, OAA provisions, and state and local codes.
    - d. Conduct orientation and training for staff, volunteers, Advisory Council, and/or Board appropriate to their functions.

2. Trained food preparation staff responsible for the actual cooking and/or serving of meals and associated cleaning tasks. The number of foodservice personnel and work hours will depend on the number and type of meals produced, extent of use of convenience products, and available equipment.
  3. Lead Cook or Kitchen Manager (person overseeing the food preparation and service) must be a qualified person with a current ServSafe Food Managers Certification, an equivalent certification, or obtain certification within one year of employment.
  4. Other staff as required for serving and transporting food, and performing necessary cleaning tasks.
- C. Orientation and Training to be provided by the Service Provider:
1. Foodservice workers, both paid and volunteer, must complete an orientation prior to providing nutrition services. The orientation should be organized, documented, appropriate to the job, and must cover at least the following applicable areas:
    - a. Personal Hygiene;
    - b. Food storage, preparation, and service;
    - c. Sanitation procedures;
    - d. Portion control;
    - e. Quality control of food flavor, consistency, texture, temperature, and appearance;
    - f. Policies and procedures;
    - g. Job duties; and
    - h. Program information.
  2. Foodservice workers, paid and volunteer, must receive at least quarterly in-service training designed to enhance knowledge and job performance.

- a. Training should consist of topics in food production and service, sanitation, safety, portion control, food storage, nutrition, and other related, pertinent topics. The AAA Nutrition Program Coordinator must review lesson plans and each meeting must be documented.
  - b. The lesson documentation must include: topic, presenter, evaluation, date, time, signatures of attendees, and other staff who were provided the in-service information.
  - c. AAA, DAAS, or other specific job related training may be used.
3. Foodservice workers shall complete training and updates, as DAAS and the AAA make them available. All foodservice workers are strongly encouraged to obtain ServSafe Food Managers Certification.

#### **206.500 Menu Planning**

**6-1-11**

Title III of The Older Americans Act requires nutrition project to provide meals that:

- A. Comply with the most recent Dietary Guidelines for Americans (DGs), published by the Secretary of Health and Human Services and the Secretary of Agriculture; and
- B. Provide to each participating older individual a minimum of 33 1/3 percent of the Dietary Reference Intakes (DRIs) established by the Food and Nutrition Board of the National Academy of Sciences, if the project provides one meal per day.
  1. A minimum of 66 2/3 percent of the DRIs if the project provides two meals per day; and
  2. 100 percent of the DRIs if the project provides three meals per day.

#### **206.501 Guidelines and Procedures**

**6-1-11**

To ensure meals meet the Federal requirements, the Meal Pattern must be used in conjunction with Nutrient Analysis.

- A. The Standard Meal Pattern must be used. A meal pattern is a menu-planning tool used to develop balanced meals that include foods from each group. The Standard Meal Pattern below is based on the Dietary Guidelines for Americans 2005.

**Standard Meal Plan**

<b>Food Group</b>	<b>Servings Per Meal</b>	<b>Serving Sizes</b>	<b>Recommendations</b>
Grain	1-2 servings	<u>1 serving is:</u> <ul style="list-style-type: none"> <li>• 1 slice bread</li> <li>• 1 small roll</li> <li>• 1 cup dry cereal</li> <li>• ½ cup cooked rice, pasta, cereal</li> </ul>	Whole grains.
Vegetable	1-2 servings: may serve an additional vegetable instead of a fruit	<u>1 serving is:</u> <ul style="list-style-type: none"> <li>• ½ cup raw or cooked</li> <li>• 1 cup raw leafy vegetable</li> <li>• ½ to ¾ cup 100% vegetable juice</li> </ul>	A variety of deeply colored vegetables are recommended, such as dark green and orange.
Fruit	1 serving: may serve an additional fruit instead of a vegetable	<u>1 serving is:</u> <ul style="list-style-type: none"> <li>• ½ cup fresh, frozen, or canned fruit</li> <li>• 1 med fruit</li> <li>• ¼ cup dried fruit</li> <li>• ½ cup 100% fruit juice</li> </ul>	A variety of brightly colored fruit is recommended.
Milk, Milk Alternate, or calcium equivalent	1 serving: 1 cup or equivalent measure	<u>1 serving is:</u> <ul style="list-style-type: none"> <li>• 1 cup low-fat/fat free milk or yogurt</li> <li>• 1½ oz of natural cheese</li> <li>• 2 oz processed cheese</li> <li>• 1 cup Vitamin D and Calcium fortified drink</li> </ul>	Low-fat dairy products are recommended.

Meat or Meat Alternate	1 serving	<u>1 serving is:</u> <ul style="list-style-type: none"> <li>• 2-3 oz. cooked meat, poultry, fish</li> <li>• ¾ cup cottage cheese</li> <li>• 3 eggs or equivalent egg substitute</li> <li>• 1½ cup cooked beans, peas, lentils</li> </ul>	Lean meats and low-fat meat alternates are recommended.
Dessert	1 serving	Varies	Using fruit and milk-based desserts is recommended when possible.

\* For more detail on *Nutrition Program Menus*, see Appendix.

- B. Nutrient levels must be calculated and documented using recognized nutrient analysis computer software. This allows the menu planner to easily adjust portion sizes and food components to ensure meals meet 1/3 of DRIs. The Nutrient Requirements and Values for Analysis supersede the Meal Pattern. If the Nutrient Requirements are met, that is sufficient, as long as no more than one item from the Meal Pattern is excluded from the meal. The table below presents the current minimum level of acceptable DRIs for one meal.

**Nutrient Requirements and Values for Analysis**

Nutrient	Required Value	Conditions
Calories	> 600	Preferred Range 700-800
Fat (% of total calories)	< 35%	Each Day
Protein (% of total calories)	>15%	Each Day
Fiber	7g	Averaged over one week
Vitamin A	1,000 IU	Averaged over one week
Vitamin C	30 mg	Averaged over one week
Calcium	400mg	Averaged over one week
Sodium	1200mg or less (500-600mg recommended)	Averaged over one week

- C. A Registered Dietitian must approve menus.
- D. Any planned second meal provided for the same day must be a menu different from the lunch meal.
- E. When choices are offered, combinations offered contain 1/3 of DRIs.
- F. Nutrition providers should stay in touch with their participants in order to provide meals acceptable to the majority. An annual meal survey should be done to solicit suggestions and assess client satisfaction.
- G. The USDA MyPlate ([www.choosemyplate.gov](http://www.choosemyplate.gov)) is an excellent source of information on specific food groups, and should be used to guide menu planning for a more healthful menu. In general, it is recommended to choose food that are higher in fiber and lower in fats and sugars.
- H. Resources developed specifically for the OAA Nutrition Program can be found on the website of the National Resource Center on Nutrition, Physical Activity and Aging: <http://nutritionandaging.fiu.edu/>.
- I. Menus shall provide a variety of food items and preparation methods, including a mixture of colors, textures, shapes, sizes and flavors.
- J. Using locally grown, fresh fruits and vegetables in season is encouraged, as they will cost less, be more flavorful and have higher nutritional value.
- K. Potassium blunts the effects of sodium. Serving more vegetables and fruits with higher potassium content is strongly encouraged.
- L. Special dietary needs of older adults should be considered in menu planning, food selection, preparation and service.
- M. When feasible, menus should reflect ethnic, cultural, religious or regional dietary requirements or preferences of the majority of participants.
- N. Menus will be written using a four-week cycle. AAAs may allow providers to shorten the cycle to 3 weeks or lengthen to 6 weeks. Menus should be rotated, at minimum, 3 times a year.
- O. Menus must be dated with the date used. Menus, with production and serving guides, must be posted in the food preparation and serving areas. A menu must be posted for participants' viewing.

- P. Substitutions for foods on approved menus should be minimal and approved by the AAA Nutrition Program Coordinator. Substitutions must be of similar nutrient content.
- Q. One holiday meal per month may be served. The sodium and the fat restriction will not be required for the holiday meal.
- R. Vitamin or mineral supplements are not provided.
- S. Therapeutic diet for individual specific diagnoses may be served only under the following conditions:
1. A written therapeutic diet order, signed and periodically reviewed by the physician, is on file for each person receiving a diet;
  2. Therapeutic diet menus are written by a Registered Dietitian (RD);
  3. Therapeutic meal preparation and service are to be supervised by a qualified Dietary Manager and monitored by an RD;
  4. Assessment of the participant by a RD at least every six months validates the continued need for the diet;
  5. The participant follows the diet for all meals, not just those supplied by the service provider;
  6. There is an adequate number of individuals who require diets to make the service practical; and
  7. The service provider has or can obtain at a reasonable cost the necessary food and skills to prepare therapeutic meals.
- T. AAAs whose services include provision of nutritional supplements (Ensure, Boost, etc.) must comply with the following;
1. Nutritional supplements may not replace a meal, except by doctor's order stating that supplements are the only intake.
  2. Nutritional supplements may be used as a part of the meal with a doctor's order and nutrition assessment with follow-up of the participant by a RD. Nutritional supplements sent as a part of a



meal may not be counted as a second meal and are not NSIP reimbursable as a second meal.

## **206.600 Food Service Operations**

**12-1-16**

All stages of food service operations must comply with federal, state and local fire, health, sanitation, safety and building codes, regulations, and licensing requirements.

### **A. Required Permits and Records**

1. A current Food Service Permit must be posted in each site as required by the Arkansas Department of Health. To be current, the permit date may not exceed one year elapsed. Without a current Food Service permit, the facility cannot be used (or contracted with) in the nutrition program.
2. Copies of a Food Service Establishment Inspection Report and Fire and Safety Report, dated within a year, must be maintained for each site or caterer. Corrective actions recommended by sanitarians or fire officials must be promptly carried out.
3. Copies of menus, with notation of any variations in food served, must be maintained for one year. Copies of temperature records for congregate and home-delivered meals will also be maintained for one year.
4. Copies of food invoices, sign-in logs, contribution reports, service logs shall be kept on file for three years.
5. Copies of client files and other client records shall be kept on file for seven years.

### **B. Requirements for Food Procurement**

1. All foods used in nutrition programs must be from an approved source, be in compliance with applicable state and local laws and regulations; and be clean, wholesome, free of spoilage, adulteration or mislabeling, and safe for human consumption.
2. No home canned food may be used.

3. Contributed foods must meet the same standards of quality, sanitation and safety as purchased foods.
4. Fresh or frozen meat and poultry must be USDA inspected. Wild game can be used only if it is secured from an approved source.
5. Potluck meals may not be counted on the Title III Program Performance Report and are not eligible for AoA reimbursement. Because no federal program funds may be used for staff salaries, utilities, equipment, material, and/or services for potluck meals, the meal is not subject to federal program requirements.

C. Requirements for Receiving Food and Food Storage

1. Incoming shipments must be checked. Goods must be rejected if they are damaged or show evidence that temperatures were not properly maintained.
2. Items must be immediately placed in the proper storage area.
3. Items must be stored in a manner that allows air circulation around the containers.
4. Items must be stored in a manner that allows the oldest goods to be used first (FIFO: First In, First Out).
5. Shelving must be smooth and easily cleaned, at least 6 inches above the floor to allow cleaning under the shelves.
6. Food may not be stored with cleaning supplies, mops, buckets, or items that might contaminate food.
7. Storage area must be well ventilated, controlled in temperature and humidity; 50-70°F is suggested.
8. Packages that have been opened must be tightly covered or closed, labeled and dated.

D. Required Standards for Food Preparation and Service

1. Food must be prepared, served, and transported with the least possible manual contact, with suitable equipment and utensils, on

surfaces that, prior to use have been cleaned and sanitized to prevent cross contamination.

2. Food preparation staff will be supervised by a trained, ServSafe Certified person (see Staffing) who assures the use of hygienic practices in food handling, preparation and service.
3. All food preparation staff, paid and volunteer, must have received orientation and instruction (see Staffing, Orientation) prior to beginning work.
4. Food preparation staff shall strictly adhere to safe and sanitary personal habits and food handling practices, including:
  - a. Staff wears approved hair coverings, clean clothes and apron;
  - b. Staff washes hands thoroughly each time before handling food, food contact surfaces or serving food;
  - c. Workers do not go from “dirty” (washing dirty dishes) to “clean” tasks (handling clean dishes, serving food). If this is unavoidable, hands are washed; gloves and apron are changed before beginning the “clean” task.
5. Adequate hand washing facilities shall be provided and located to encourage frequent hand washing.
6. Food preparation staff that is ill (illness that can be transmitted through air, food, utensils, or contact) shall not be allowed to work.
7. Food production shall be planned and managed through the consistent use of standardized recipes, adjusted to yield the number of servings needed. This will help ensure quality and documented nutrient content of food served, as well as tracking food cost.
8. Food preparation staff shall be familiar with standardized recipes, understand why they are needed, and be given necessary equipment to prepare them.
9. There shall be adequate equipment and space to allow accurate, safe, and sanitary preparation of the menu as written. Equipment shall be in good repair and easily cleaned. Employees shall be

familiar with the correct usage, safe operation and cleaning methods for the equipment.

10. Foods shall be prepared and handled in a manner that preserves optimum flavor, appearance, and nutrients, as well as food safety. This requires the shortest cooking and holding times possible.
11. Opened packages of food, refrigerated, frozen and dry, shall be dated, labeled, and tightly closed to prevent contamination.
12. Frozen foods shall be thawed in the refrigerator, under cool running water, or as part of the cooking process.
13. Foods cooked for later use shall be cooled immediately and appropriately, not allowed to cool on counters. Appropriate cooling techniques include: dividing food into smaller and/or more shallow containers, using an ice-water bath, stirring with an ice paddle, or in some cases, adding clean ice (such as to soup), stirring until cooled, then placing in refrigerator. Any combination of these cooling techniques is acceptable.
14. Effective procedures and schedules for cleaning and sanitizing dishes, equipment and work areas must be written and followed consistently.
15. Food service workers must understand the need for, and use, standardized portions. Providers must supply the necessary equipment and utensils to serve standardized portions.
16. Food shall be portioned according to a meal service guide, which shall list which utensil to use and the size of each serving.
17. Equipment for holding and serving food must maintain the temperature of the food at either below 41°F or above 135°F.
18. The holding time between food preparation and meal consumption shall be minimal to reduce opportunities for bacterial growth and maintain food quality.
19. Temperatures for meals served at the center must be checked and recorded each day at the beginning of meal service. If the temperature is between 41°F and 135°F, corrective action must be taken.

20. Dish handling and storage practices must comply with Health Department and ServSafe requirements and ensure sanitary food contact surfaces. These include:
  - a. Where possible, there is a physical separation between dirty and clean dish areas, with a hand washing sink located near the entrance to the clean dish area.
  - b. Dirty dishes do not pass through the area where food is being prepared or served.
  - c. Foodservice employees shall not handle silverware by the food contact end, nor handle glasses by the rim.
  - d. Dishes are allowed to air dry.
  - e. Wash methods and temperatures meet Health Department regulations and ServSafe recommendations.
21. Congregate meals are to be consumed at the meal site. Congregate meals shall not be sent home with participants as a second meal, nor as a sack lunch for days when the center is closed. (Does not include shelf stable emergency meals.)
22. At the discretion of the Area Agency on Aging, participants may carry home leftovers from their own plate. Clients taking home leftovers must sign a liability waiver holding the food program harmless concerning food-borne pathogens once the food leaves the dining room. All clients who take home leftovers must provide their own containers. The food program is required to include proper food handling in the quarterly education.
23. If participants are allowed to take potentially hazardous leftovers, they should be informed of proper food handling to prevent spoilage and risks of improper leftover handling, written instructions are recommended. The instructions should include the date the meal was prepared, the discard date (two days following), refrigeration instructions, a statement about proper hand washing, instructions to reheat to 165°F, and a disclaimer that states: For your safety: food removed from this site must be kept hot or refrigerated promptly. We are not responsible for illness or problems caused by improperly handled food.

24. Staff who are not eligible participants may not take leftovers home.
25. Cooks shall not intentionally prepare excess amounts of food to ensure that there are leftovers. This increases food cost and waste.
26. Amounts prepared need to be carefully considered to prevent leftovers. Unserved food remaining at the end of the meal:
  - a. May not be used for frozen home-delivered meals if the food has remained on a steam table longer than 30 minutes. Home-delivered meals should be plated at the beginning of meal service.
  - b. May be offered as second helpings to participants.
  - c. If prepared food is prepared on site and has been properly handled, leftovers may be refrigerated or frozen for later use at the center.
    - i. Leftover food must be refrigerated or frozen immediately.
    - ii. Refrigerated food must be used within 3 days.
    - iii. All leftovers must be re-heated to an internal temperature of at least 165°F.
    - iv. Leftovers may not be used a second time.
27. If food was not prepared on site (was transported), leftovers must be offered as a second helping or discarded.

E. Requirements for Bulk Food Transport

1. Prepared food must be transported in approved carriers that maintain food temperatures at or above 135°F or at or below 41°F (out of the temperature danger zone) from preparation site to serving site.
  - a. Carriers must be insulated and equipped with supplemental heat or cold source, if needed to maintain proper temperatures.

- b. Carriers must be completely enclosed, with a tight fitting lid.
    - c. Carrier size shall be such that there is little “dead space” when the carrier is packed.
    - d. Carriers must be in good condition, easily cleaned, and be sanitized after each use.
  2. Food temperatures shall be recorded as the food leaves the preparation area and upon arrival at the service site. Appropriate corrective actions should be taken and documented if food is in the temperature danger zone (41°F to 135°F). Temperature records must be kept on file for review.
  3. Drivers and food handlers must receive orientation and training on sanitation and food handling.
  4. Food transport vehicles must be clean and sanitary.
  5. Length of time between preparation of bulk food and service of the last meal from it should be minimal, and it must be demonstrated that safe temperatures are held from preparation to the last meal served.
- F. Required Standards for Home-Delivered Meals
  1. Home-delivered meals must be packaged at the beginning of the meal, in a container with a tight fitting lid, and transported immediately.
  2. Transport equipment, packaging materials, and procedures used to deliver meals must be compatible, and must maintain food temperatures at or above 135°F or at or below 41°F from packing to delivery.
    - a. Carriers must be insulated and equipped with supplemental heat or cold source if needed to maintain proper temperatures.
    - b. Carriers must be completely enclosed, with a tight fitting lid.

- c. Carrier size shall be such that there is little “dead space” when the carrier is packed.
  - d. Carriers must be in good condition, easily cleaned, and be sanitized after each use.
3. Routes cannot exceed 1½ hours from the center to the last delivery and may not leave the center before 10:00 a.m. Exception: It can be demonstrated that temperature and quality can be maintained for slightly longer routes, as with vehicles with specially designed heated and cooled compartments.
4. Carriers should be opened as little as possible during deliveries.
5. Temperatures of the last meal delivered on each route must be taken and recorded at least weekly. For short, volunteer delivered routes, temperature checks may be rotated, but must be checked at least monthly. Corrective action must be taken when temperatures are within the temperature danger zone (between 41°F and 135°F). Temperature records must be kept on file for review.
6. Delivery personnel must actually see the participant, or their caregiver, when the meal is delivered. Meals may never be left at the door or with a neighbor unless specific arrangements have been made with program staff, and the arrangements are documented for each occurrence.
7. Delivery persons must receive an orientation which includes food safety, emergency procedures, and procedures for handling contributions.
8. More than one meal per day, or meals for more than one day, may be delivered if proper storage and heating facilities are available in the home. The participant must be able to re-heat and consume the second meal by him or herself or with available assistance.
9. Meals requiring heating must be packed in oven safe containers, with instructions attached.

G. Frozen Home-Delivered Meal Requirements

1. Not more than 2 weeks’ worth (10-14) of frozen meals will be delivered at once.



2. Meals shall be frozen on the day of preparation, before beginning regular meal service. Food returned from another site may not be used for frozen meals.
3. Each meal shall be labeled, listing each item it contains, the date, and items to be added to complete the meal. Participant and/or caregiver should receive instructions on the use of the meal when beginning the service, and a reminder at the time of reassessment.
4. Meals shall be frozen in containers that will protect food from freezer burn or contamination and can be heated in the oven.
5. Meals shall be frozen in a freezer that will lower the temperature of the meal to 0°F or below within 3 hours. When freezing, meals must be placed in the freezer in a manner that allows air to circulate freely around each meal.
6. To meet requirements, other meal components, such as milk, fruit, bread, etc., must be added to the frozen portion of the meal as listed on the menu.
7. Food substitutions must be comparable nutritive value and must be documented.
8. Transportation equipment must maintain food in a frozen state and ensure sanitary handling.
9. Length of delivery routes and carriers shall be such that participants receive meals in a completely frozen state.
10. Frozen meals shall be rotated out of the freezer and used on a first in, first out (FIFO) basis within 30 days.
11. A method shall be developed to assure that the participant:
  - a. Has adequate freezer space to handle meals;
  - b. Has the facilities to adequately heat the food;
  - c. Understands that meals are to be used promptly, especially the milk, bread, fruit, etc. that accompany the meal; and

- d. Is physically and mentally able to heat the meal and understands how to do so, or arrangements have been made to heat meals for him or her.

## **206.601 Emergency Procedures**

**6-1-11**

The AAAs and providers shall develop a written plan for a variety of possible emergency situations, such as participant illness, injury or choking; and weather related emergencies, such as tornado, ice, snow, extreme heat, flood, etc. The plan shall include:

- A. A procedure for notifying participants when the center must be closed.
- B. A procedure for notifying HDM participants that meals cannot be delivered and that they should use an emergency meal.
- C. A procedure that delivery personnel are to follow when no one answers the door for meal delivery, or when an emergency situation is encountered.
- D. A procedure that center staff should follow in medical emergency, fire or sudden weather related emergency.
- E. A procedure for supplying emergency meals. (See below)
  1. Center and meal delivery staff and volunteers shall receive instruction in those emergency procedures that apply to them.
  2. Center participants shall receive information on what to do in the event of an emergency while at the center (ex: fire, tornado) and while at home. A list of suggested emergency supplies should be provided to participants. Information should include how the center will notify them when closing.
  3. HDM participants will be supplied with at least 2 emergency meals. The meals will:
    - a. Contain 1/3 DRIs;
    - b. Be labeled “Emergency Meal” in large print, with instructions on use of the meal;
    - c. Be used within the limits of their shelf life, usually within 6 months;

- d. Be billed when delivered to the participant; and
- e. Be replaced after the center has instructed the participant to use it.

**206.700 Education****6-1-11**

Nutrition Education activities should be conducted on an ongoing basis, at least semiannually.

- A. Information and instruction should be given to participants and caregivers in a group or individual setting overseen by a dietitian or other individual with equivalent education in nutrition science.
- B. Written documentation, including date, topic, source, presenter, and a list of participants or the number in attendance must be maintained. Copies of the programs and a brief evaluation of the program's effectiveness will be kept on file at each senior center or subcontractor's office for three years.

Nutrition Education Activities may include:

- 1. Formal presentations;
  - 2. Learning activities, such as nutrition bingo, cooking demonstrations or classes, sampling new or differently prepared foods; and
  - 3. Individual sessions with a participant or caregiver.
- C. Material that may be used to supplement nutrition education:
    - 1. Large font, easy to understand nutrition handouts developed by a Registered Dietitian;
    - 2. Bulletin board displays; and
    - 3. Table tents or placemats containing valid nutrition information.
  - D. The HDM nutrition education can include learning activities offered as an individual session with the older adult and/or caregiver through telephone contact or through a home visit such as during the initial assessment, follow-up visit, reassessment or as a separate visit. Print materials such as simple pamphlets, handouts, bookmarks and placemats are appropriate supplemental material.

- E. The Nutrition Education program development and documentation requirements for congregate meals apply to HDMs.

**206.900 NSIP****6-1-11**

AoA administers NSIP in compliance with the requirements of Section 311 of the Older Americans Act. State Units on Aging (SUAs), such as DAAS, funded through Title III of the OAA and Indian Tribal Organizations (ITOs) who have an approved application through Title VI of the OAA may receive grants of cash from the AoA and/or commodities from the USDA.

- A. Meals counted for purposes of NSIP reporting are those that satisfy the requirements of Title III-C of the OAA. Meals served in accordance to OAA requirements include meals served:
1. To an individual who is qualified to receive services under the OAA as defined in Title III or Title VI;
  2. To an individual who is not means-tested for participation;
  3. In compliance with the nutrition requirements of the OAA;
  4. By an eligible agency (has a grant or contract with DAAS or AAA) or a Title VI provider; and
  5. To an individual who is given an opportunity to contribute to the cost of service.
- B. Recipients of grants or contracts from DAAS or AAAs may use NSIP cash to purchase United States (U.S.) agricultural commodities and other foods of U.S. origin for their nutrition projects.
- C. Medicaid waiver meals and meals for staff and guests under 60 may not be reported for NSIP assistance.
- D. Grants or contracts from DAAS to AAAs, or from AAAs to providers may not be reduced when NSIP reimbursement levels increase.
- E. A reliable reporting system must be in place to assure accurate reporting of NSIP eligible meals.

- F. The subcontractor must document NSIP eligible meals served and submit a monthly count to the AAA.
- G. Each AAA must submit a written NSIP Meal Count Report to DAAS by the 18<sup>th</sup> of each month (or date specified by current DAAS policy) for eligible meals served the prior month.
- H. Election to receive cash in lieu of commodities is made as a state. AAAs indicate at the beginning of the Area Plan cycle if they wish to receive commodities or cash. DAAS informs AoA of the election yearly.
- I. Information and assistance to encourage eligible individuals to apply for Supplemental Nutrition Assistance Program (SNAP) benefits (formerly food stamps) should be provided at the time of intake. Information on SNAP eligibility and the application process should also be posted or available as brochures at the site.