

Georgia Department of Human Resources Division of Aging Services Requirements for Non-Medicaid Home and Community Based Services

Section 300.

Individual Service Requirements

§304 Nutrition Service Program Guidelines and Requirements

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§304.1 Purpose

This section establishes requirements for Area Agencies on Aging and their subcontractors in the administration and provision of a comprehensive program of nutrition services to the elderly.

§304.2 Scope.

These requirements apply to all congregate and/or home delivered nutrition services contracted and provided through the Area Agency on Aging, supported by any and all non-Medicaid sources of funding.

§304.3 Congregate Nutrition Program Description and Performance Requirements

- (a) Service objective. To promote better physical and mental health for older people through the provision of nutritious meals and opportunities for social contact. Congregate nutrition services shall be a part of a system of services which promotes independent living for the elderly.
- (b) Service outcomes. At a minimum to identify persons at nutritional risk through nutrition screening, to reduce nutritional risk among consumers through the provision of nutritious meals, education and counseling and to reduce isolation/increase the sense of well being of consumers through socialization.
- (c) Service activities. Service activities include:
 - (1) the provision of meals and nutrition education in a group setting at a nutrition site, senior center, or multipurpose senior center, and ongoing outreach to the community.
 - (2) access by participants to nutrition screening, nutrition education and counseling on an individual basis, when appropriate; access to the site through transportation services; shopping assistance; health, fitness, and other educational programs; and recreational activities.
- (d) Eligibility. Client eligibility is established by provisions of the Older Americans Act at §307(a)(13)(A) and (I) for nutrition services provided through all non-Medicaid fund sources. Eligible persons are:
 - persons aged 60 and over;
 - their spouses, regardless of age;
 - handicapped/disabled¹ residents of housing facilities occupied primarily by the elderly at which congregate nutrition services are provided;

¹ Reference Section 200, §204 "Definitions." Medical certification of disability is not required.

- handicapped/disabled individuals who live in a non-institutional household with and accompany an eligible person to the congregate nutrition program.
 - conditional upon AAA policies, volunteers, staff and guests age 60 and above. (Also see §304.7)
- (e) Schedule of meal service. Each provider agency shall serve meals in accordance with provisions stated in the Older Americans Act at § 331, Subpart 1, concerning Program Authorization.
- (1) Providers of congregate nutrition services shall use an advance reservation system to determine the number of meals necessary for each day's service and inform participants of procedures for reserving meals.
 - (2) Providers shall serve eligible drop-in seniors and other unscheduled guests only after participants who have made advance reservations are served a meal which provides all of the Recommended Dietary Allowances.
- (f) Participant records. The service provider agency shall maintain files in a form and format approved/accepted by DAS, including information which, at a minimum, identifies regular participants; documents individuals' eligibility for the program; and contains instructions for emergency contacts and care preferences. All providers shall maintain any other additional individual participant information as specified by DAS service program policies and procedures. Files of participants served through the DAS contract are confidential and are the property of the Department of Human Resources. All participant files are subject to review and monitoring by the AAA, the Division, the Department, and the federal granting agencies.
- (g) Meal service requirements. Nutrition service providers shall use procedures which provide for the safety, sanitation, accessibility and convenience needs of participants, and efficiency of service, and shall include the following:
- (1) using correct portion sizes and utensils as specified on approved menus;
 - (2) adherence of staff and volunteers to food sanitation requirements, as prescribed by applicable Federal, State and local rules and regulations;²

² County health departments have the right of amendment to add requirements to State rules and regulations. The higher of the two sets of standards shall apply.

- (3) taking and recording food temperatures daily to document that safe temperatures are maintained; and
 - (4) to prevent cross-contamination, kitchenware and food-contact surfaces of equipment shall be washed, rinsed and sanitized³ after each use and following any interruption of operations during which contamination may have occurred;
 - (5) if cafeteria-style service is used, assisting those participants who have physical difficulties with trays.
 - (6) food shall be available to participants for at least 30 minutes after serving begins.
 - (7) providers shall establish policies and procedures which assure that participants do not take potentially hazardous foods from the site.
 - (8) providers shall make available to visually-impaired, blind or otherwise handicapped persons, food containers and utensils appropriate to their needs.
 - (9) after offering additional servings to program participants if appropriate, providers *may* donate unconsumed food products to other charitable community social service or public service organizations. Providers wishing to make such donations shall obtain a "hold harmless" agreement from the receiving organization, which protects the provider from any liability.
 - (10) providers shall not arrange for or provide covered dish meals at nutrition sites or other locations, using any funds which are administered through the contract with the Area Agency on Aging to support the cost of such activities.
- (h) Food storage safety.⁴ Potentially hazardous foods shall be stored at safe temperatures as stated at § 290-5-14-.03 of the Administrative Rules and Regulations of The State of Georgia, "Food Care. Amended," which state in part that, "The temperature of potentially hazardous food shall be (maintained at) either 41 degrees Fahrenheit or below or at 140 degrees Fahrenheit or above at all times." Frozen food shall be stored at a temperature of 32 degrees Fahrenheit or below. All rules found at § 290-5-14.03 shall apply.

³ Refer to Appendix 304-A of this section for instructions on preparing and using a sanitizing solution.

⁴ Reference <http://www.nal.usda.gov/fnic/foodborne/wais.shtml>, maintained by the USDA Food and Nutrition Service for information and resources on food safety.

- (i) Holding time. Providers shall assure that holding times for hot foods do not exceed four hours from the final stage of food preparation until the meal is served to the participant, including delivery to the homes of home delivered meals participants.
- (j) Nutrition outreach. Providers shall conduct outreach activities with emphasis on identifying potential program participants who are among those in greatest social and economic need. Providers shall refer potential participants to the Area Agency for intake and screening, including administration of the NSI-D checklist, according to procedures developed by the AAA. See §304.7(b)(1). AAAs may fund outreach activities through Older Americans Act Title III-B, Title III-C₁ and C₂ and state funds.
- (k) Nutrition education. Providers shall conduct nutrition education activities at each congregate nutrition site, as follows:
 - (1) Sessions shall be provided at least once monthly consisting of a session of not less than 15 minutes in length.
 - (2) Each provider shall develop a written plan of nutrition education programming, including a calendar, which documents subject matter, presenters, and materials to be used, in accordance with requirements below. If AAAs/providers employ or contract with Registered Dietitians, the RDs may develop a single educational curriculum, which may be used by multiple sites or review or approve curricula developed by the providers.
 - (3) Providers shall assure that nutrition education content and materials^{5, 6} are developed to be consistent with the nutritional needs, literacy levels, and vision and hearing capacities, as well as the multi-cultural composition of participating seniors. At a minimum, providers shall incorporate into the curriculum the content provided in the "Take Charge of Your Health Train-the-Trainer" manual materials.
 - (4) A qualified dietitian, home economist, or other qualified source shall develop or review and approve nutrition education content/materials.

⁵ Websites which may assist in the development of nutrition education materials include <http://nutrition4living.org>, maintained by Benedictine University, Lisle IL; <http://trc.ucdavis.edu/gerinutr/Resources/Educational%20Materials.htm> maintained by the Gerontological Nutritionists, a practice group of the American Dietetic Association; and <http://nirc.cas.psu.edu/links.cfm?area=275> maintained by the Penn State College of Agriculture Nutrition Information and Resource Center.

⁶ Reference: The Nutrition Interventions Manual for Professionals Caring for Older Georgians, Nutrition Intervention and Patient Outcomes, A Self-Study Manual, and Managing Nutrition Care in Health Plans. Contact the Nutrition Screening Initiative, 10101 Wisconsin Avenue, NW, Washington, D.C. 20007 for further information or additional copies.

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- (5) Each nutrition service provider shall maintain written documentation of programs presented to verify that the requirements are met.
- (l) Nutrition screening⁷ - Nutrition screening begins at the AAA with the administration of the Nutrition Screening Initiative DETERMINE (NSI-D) Checklist as part of the intake and screening process. The AAA may allow congregate meal sites with no waiting lists to perform initial applicant intake and screening directly. Congregate meal providers shall complete the checklist six months after services begin and, at a minimum, annually thereafter, or at anytime that a change in the participant's condition or circumstances warrants. The AAA and provider(s) jointly shall develop protocols to assure that applicants/recipients whose NSI-D score is 6 or greater (at high nutrition risk) receive or are referred to an appropriately trained social service or health care professional for a Level One Screening (or higher); receive individual nutrition counseling, if indicated; are referred to their primary health care providers for follow-up; and/or are referred for any other assistance or services needed.⁸
- (m) Nutrition counseling. The AAA or provider shall develop protocols to determine those participants with special needs who would benefit from individual counseling and assure that such counseling is made available by qualified professionals. Please note that individual counseling may not be indicated, regardless of the level of nutritional risk. See note 6, page 4, for resources.
- (n) Alternative meals.
 - (1) Picnic, holiday and weekend meals must meet the $\frac{1}{3}$ RDA requirements for adults aged 55 and over for nutritional value; temperature requirements for hot and cold foods; and must be prepared in a commercial food service or on-site kitchen.
 - (2) Shelf-stable, chilled and frozen meals must meet the $\frac{1}{3}$ RDA requirements for nutritional value and applicable temperature standards. Package labeling must be legible and show the packaging date, list of food items in the pack, storage instructions, and instructions for preparation or safe thawing and re-heating.
- (o) Facility access and safety. All nutrition sites shall comply with the Americans with Disabilities Act requirements, relating to access, with any other relevant DAS standards or program requirements.⁹

⁷ Reference note 6 and also see <http://www.aafp.org>, the website of the American Academy of Family Physicians.

⁸ If the AAA contracts for or provides case management services for recipients of non-Medicaid services, the case management provider is responsible for comprehensive client assessment and reassessment, including the administration of the NSI-D Checklist. The case management provider is responsible for arranging for and/or coordinating nutrition services, including obtaining additional nutrition screening, with the nutrition service provider.

⁹ Facility requirements for senior centers which house congregate meal programs are found in Section 200, §206.

**§304.4 Home Delivered Meal
Program Description and
Performance Requirements**

- (a) Service objective. To promote better health for frail, older people, and eligible members of their households, through the provision of nutritious meals; nutrition screening, education and counseling services, if indicated, and collateral opportunities for social contact. Home delivered nutrition services shall be a part of a system of services which promotes independent living for the elderly.
- (b) Service outcomes. At a minimum to measure the degree of nutritional risk of program participants; to delay decline in health/nutritional status through nutrition screening; to reduce identified nutritional risk among consumers through the provision of nutritious meals, education and counseling; and to reduce isolation / increase the sense of well being of consumers through collateral contacts with program staff /volunteers.
- (c) Service activities. Service activities include the provision of meals, and nutrition screening, education and counseling to clients and their caregivers in the home and appropriate referral to other services/resources.
- (d) Eligibility and priority for services. Eligible persons are those aged 60 and over, whose functional impairments¹⁰ prevent them from participating in a congregate meals program, or who provide care to a dependent, disabled person in the home, to the extent that they cannot leave the person to attend a congregate site. AAAs shall give priority to those in those in greatest social and economic need, in conjunction with nutrition risk status, as indicated by the NSI-DETERMINE Checklist Score and high functional impairment levels, as documented on the DON-R instrument. Persons with NSI-D Checklist. Scores of 6 or higher are considered to be at high nutritional risk and are to be given priority for services, relative to comparative scores of other applicants. Providers may offer a meal to the spouse/caregivers of a homebound eligible person if the provision of the collateral meal supports maintaining the person at home. Providers also may offer meals to the non-elderly, disabled individuals, who reside in the households of elderly (age 60+) persons and are dependent on them for care.
- (e) Schedule of meal service. The service provider shall provide home delivered meals, at a minimum, in accordance with the Older Americans Act, § 336, Subpart 2, concerning Program Authorization. Providers shall make meals available at least once a day, five days or more a week, with arrangements for the provision of

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¹⁰ Functional impairment status and need for assistance are determined by the AAA at the time of intake and screening through the use of the Determination of Need-Revised (DON-R) instrument, and subsequently at the time of initial assessment and annual reassessment. Impairments in the eating and meal preparation items of the DON-R are particular indicators that a person may be at nutritional risk. However, staff shall consider the complete DON-R assessment and NSI-D Checklist in determining nutritional risk.

meals to participants during weather-related or other states of emergency.

- (f) Participant records. The service provider agency shall maintain files in a form and format approved/accepted by DAS, including information which, at a minimum, identifies regular participants and documents individuals' eligibility for the program. All providers shall maintain any other additional individual participant information as specified by DAS service program policies and procedures. Files of participants served through the DAS contract are confidential and are the property of the Department of the Human Resources. Files are subject to review and monitoring by the AAA, DAS, the Department and federal funding agencies.
- (g) Conditions for referral to other services. When appropriate, service providers shall work with the Area Agency (or case management agency, if available¹¹) to refer participants to other service resources which may be appropriate to assist them with remaining independent and safe in their home, and/or to assist care givers with maintaining their own health and well-being.
- (h) Meal delivery. Providers shall develop and implement procedures for assuring safe meal delivery in accordance with applicable DHR Food Service and Food Safety rules and DAS requirements for holding times.
- (i) Meal packaging. Providers shall use supplies and carriers which allow for packaging and transporting hot foods separately from cold foods.
 - (1) Providers shall use meal carriers of appropriate design, construction and materials to transport trays or containers of potentially hazardous food, and other hot or cold foods. Carriers shall be enclosed to protect food from contamination, crushing or spillage, and be equipped with insulation and/or supplemental sources of heat and/or cooling as is necessary to maintain safe temperatures.
 - (2) Providers shall clean and sanitize meal carriers daily or use carriers with inner liners which can be sanitized.
 - (3) Meal packaging, condiments and utensils must meet the following criteria:
 - (A) be sealed to prevent moisture loss or spillage to the outside of the container;

¹¹ See note 7. Case management agencies, when available, oversee the coordination and provision of all services for non-Medicaid service participants.

- (B) be designed with compartments to separate food items for maximum visual appeal and minimize spillage between compartments;
 - (C) be easy for the participant to open or use. Providers must make every effort to provide assistive devices or modified utensils to persons who needed them, to assure maximum consumption and benefit from the meals.
- (j) Frozen, chilled or shelf-stable meals. These meals shall be prepared and served in accordance with DAS requirements and may be used only if the following criteria can be met:¹²
 - (1) The provider and the participant or caregiver can assure sanitary and safe conditions for storage, thawing (if applicable), and reheating.
 - (2) The participant can safely handle the meal, or when the participant is frail, cognitively impaired otherwise disabled, s/he has someone available to assist with food preparation, meal handling, and eating, if necessary.
- (k) Monitoring by service provider. Each provider shall monitor meal and document daily that temperatures of hot meals received from vendors are within acceptable ranges upon delivery to the site. Providers will monitor no less than twice per month and document the temperature of the last meal delivered on a given delivery route to assure that holding times, safe temperatures and quality of meals are maintained. Providers shall select routes randomly for monitoring.
- (l) Nutrition outreach. Providers shall conduct outreach activities with emphasis on identifying potential program participants who are among those in greatest social and economic need. Providers shall refer potential participants to the Area Agency for intake and screening, when appropriate, according to procedures developed by the AAA.
- (m) Nutrition education. Each provider shall provide nutrition education services to recipients of home delivered meals and/or their caregivers at least once per month.
 - (1) Providers shall develop nutrition education program plans outlining activities to be performed; identifying materials to be sent to the homes of program participants and/or their caregivers. If the AAA/provider employs or contracts with a Registered Dietician, individual

¹² If the AAA contracts for or provides case management services to HCBS participants, the case management provider is responsible for assessing the ability of the home delivered meal recipient to store and prepare alternative meal types, as well as to determine whether the available meal is appropriate to meet the participant's health and dietary needs. See Appendix 304-D for documentation content.

sites may use a single education curriculum developed or approved by the staff RD.

- (2) Nutrition education content shall address the nutritional needs of home-bound elderly and be developed, approved or distributed by a qualified dietician, county extension agent, home economist, or other qualified source.

- (3) Providers shall make available print materials which are in sufficiently large (**14 point** or larger), clear and commonly used type faces, such as **Arial** or **Times New Roman** to be easily read, and in language which is appropriate for the educational levels and cultural backgrounds of the participants.

- (4) Each nutrition service provider shall maintain written documentation of educational materials provided, monthly distribution lists to verify that the requirements are met. Providers also shall document telephone and/or home visit contacts.

- (n) Nutrition screening. Nutrition screening begins at the AAA with the administration of the NSI-D checklist as part of the intake and screening process. The home delivered meals provider shall administer the NSI-D checklist¹³, at six months following the beginning of services and annually thereafter, or more frequently if indicated by a change in the participant's condition or situation. The AAA and provider(s) jointly shall develop protocols to assure that applicants/recipients whose NSI-D score is 6 or greater (at high nutrition risk) receive or are referred to an appropriately trained social service or health care professional for a Level One Screening (or higher); receive individual nutrition counseling, if indicated; are referred to their primary health care providers for follow-up; and/or are referred for any other assistance or services needed (Also see note 6, page 4, for NSI interventions reference materials.)

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- (o) Nutrition counseling. The AAA and home delivered meals provider(s) jointly shall develop protocols to determine which program participants would benefit from individual counseling and assure that such counseling is made available by qualified professionals. (Also see note 6, page 4, for NSI interventions resources.)

¹³ See notes 8, 10, and 11 regarding the provision of case management services. Case management staff may administer the NSI-D checklist and make necessary and appropriate referrals for additional nutrition interventions, coordinating such activities with the provider.

**§304.5 Requirements
for Meals.**

- (a) Each meal shall comply with provisions in the Older Americans Act, Title III, Subpart 3 § 339, concerning compliance with Dietary Guidelines for Americans.
- (b) Nutrient content. Providers shall assure that individual meals contain no more than 1200 milligrams of sodium and no more than 30 percent of total calories from fat.¹⁴
- (c) Menu approval. A qualified dietician shall certify menus in each cycle as meeting the dietary guidelines and providing recommended dietary allowances. The AAA shall submit copies of certified menus to the Division of Aging Services on a quarterly basis.
 - (1) The provider shall request and document approvals by the AAA to substitutions or other menu revisions.
 - (2) The AAA shall assure that the services of registered dietician are available for menu review and certification. This dietician shall not be employed by the commercial food vendor which provides meals for the planning and service area, if the provider subcontracts meal preparation.
 - (2) The certified menus are subject to the audit process and are to be retained for a minimum of five years, according to state record retention requirements.¹⁵
- (d) Nutrient analysis. The provider shall obtain and maintain documentation of nutrient analysis for each meal per menu cycle. If the AAA allows the use of alternative protein sources, the procurement documents must clearly state how frequently alternative protein may be used on a monthly basis and to what degree.

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¹⁴ The American Heart Association recommends that total fat content of each meal be no more than 10% saturated fat, 10% unsaturated fat, and 10% polyunsaturated fat. The Registered Dietician responsible for menu planning and analysis may approve exceptions in view of the overall nutritional analysis for meals planned for a given week.

¹⁵ The AAA may elect to maintain certified menus at that level for a lesser period of time, as long as the nutrition service provider complies with record retention requirements.

- (e) Meal patterns. Providers shall plan menus using the meal pattern(s) established by DAS.

Table 304-1 Meal Pattern Requirements – Basic Meal Components

<i>Food Group</i>	<i>Amounts to Serve</i>
Meats/Protein	3 ounces, edible portion, of cooked, lean meat, poultry, fish, eggs or meat alternate
Vegetables/Fruits	Two servings, ½ cup each , of vegetables and/or fruits
Breads/Grains	1 serving of enriched or whole grain bread or its equivalent; whole grain products twice a week at a minimum
Milk/Milk Products	8 ounces of milk or its equivalent, low fat or skim preferred
Fats and Oils	1 teaspoon of butter or fortified margarine with each meal (excluding oils/fats used in meal preparation)
Dessert	½ cup of a nutritious dessert
Optional Beverages: Water, coffee, tea, decaffeinated beverages, fruit juices.	8 ounces, minimum, according to seasonal preferences.

- (1) Providers/vendors shall use standardized recipes which yield all requirements of the meal pattern.
- (2) Food items chosen for each meal must vary daily, and must vary within the category of food.
- (f) Menu cycles. Providers shall develop twenty to twenty-eight day menu cycles, which can be repeated quarterly. Menus for therapeutic/modified meals may be prepared on a six-month cycle (three or four-month cycle optional), in accordance with the Georgia Dietetic Association Manual.
- (g) Modified diets. Modified and/or therapeutic medical diets *may* be provided and may deviate from the standard menu pattern as required by the participant's special needs and medical condition, providing
- (1) The nutrition service provider obtains a physician's prescription for each participant needing a special meal and maintains documentation of specific guidance on meal modification, and
- (2) Appropriate foods and staff with the skills necessary to prepare modified/therapeutic meals are available in the planning and service area.

- (h) Menu monitoring. Each nutrition service provider shall retain on file each menu with meals as served, for monitoring purposes. If providing services at multiple sites, each site must have a copy of the menus with meals as served.

**§304.6 Administrative
Responsibilities of
Nutrition Service Providers**

- (a) Compliance with the Older Americans Act. All providers shall comply with all provisions for nutrition services contained in the Older Americans Act, as amended.¹⁶
- (b) Nutrition outreach. Each provider of nutrition services shall conduct outreach activities and document outreach strategies and contacts.
- (c) Compliance with other laws and regulations. Each provider agency shall use procedures that comply with all applicable state and local fire, health, sanitation, and safety laws and regulations. All food preparation, handling and serving activities shall comply with applicable requirements as found at § 290-5-14 of the Administrative Rules and Regulations of the State of Georgia.¹⁷
- (d) Food production. Nutrition service providers shall assure that food production is planned and managed using standardized recipes adjusted to yield the desired number of servings, and to provide for consistency in quality and documented nutrient content of food prepared.
- (e) Food borne illness complaints. The provider shall promptly initiate investigation by local health authorities of complaints involving two or more persons with symptoms of food borne illness within a similar time frame after consuming food supplied through the nutrition service program. Providers shall report such complaints to the contracting Area Agency on Aging, within two business days of the occurrence of and/or receipt of a complaint regarding a food borne illness.
- (f) Weather-related emergencies, fires, and other disasters.
 - (1) The provider agency shall make facilities, equipment, and services available to the fullest extent possible in emergencies and disasters, according to the AAA regional emergency/disaster plan.

¹⁶ Pending final compilation of the 2000 reauthorization of and March 2001 amendments to the Act, the following references are provided provisionally: Title III, Part A, Section 307(a)(8), (a)(16); Part A, Section 311; Part A, Section 315; Part C, Subpart 1, Section 331, Subpart 2, Sections 336 and 337; Subpart 3, Section 339.

¹⁷ Complete State Food Service Rules and Regulations may be found at <http://www.ph.dhr.state.ga.us/publications/foodservice/iii.shtml> or may be obtained from county health departments.

- (2) The provider agency shall develop and implement written procedures to provide for the availability of food to participants in anticipation of and during emergencies and disasters, including contingency planning for delivery vehicle breakdowns, inclement weather shortages in deliveries, food contamination, spoilage, etc.
- (g) Management and oversight of the nutrition program. The service provider agency shall identify an individual who is responsible for the overall management of nutrition services and compliance with performance requirements, standards and procedures. This person, and any other employee(s) responsible for food service management, shall complete appropriate coursework in food protection, hazard avoidance and contamination control procedures,¹⁸ and maintain any related certification according to the certifying entity's schedule, through continuing education or other professional development.
- (h) Staff orientation and training¹⁹. The service provider shall assure that orientation and ongoing training for administrative and direct service staff and volunteers shall be adequate to provide for safe, appropriate, and efficient services to the elderly, and compliance with all applicable requirements and procedures. Providers shall document and maintain records of all content and dates of orientation and training for monitoring purposes.
- (i) Health inspections. It is the responsibility of the nutrition service provider to obtain required health inspections and certificates from the appropriate local health authorities, and post the annual certificates in each site.
- (j) Recordkeeping and reporting. Nutrition service providers shall comply with all record keeping and reporting and retention requirements as prescribed by the Division. Documentation requirements specific to food service include, but are not limited to, maintenance of :
 - (1) Daily records documenting persons who receive meals, for both congregate and home delivered meals program, if applicable;
 - (2) Meal counts or reports, including meals eligible and ineligible for the Nutrition Service Incentive Program (NSIP);
 - (3) Perpetual and physical inventory records for all foods, if meals are prepared on site.

¹⁸ AAAs and providers are referred to the ServSafe ® training program offered by the County Cooperative Extension Service, or to area technical schools and adult education programs for similar training courses in food safety and related topics.

¹⁹ See Appendix 304-B for basic topics required for training. Providers may offer additional topics.

- (4) Food cost records, if applicable.
 - (5) Documentation of daily temperature checks for congregate meals and bi-weekly checks for home delivered meals.
 - (6) Documentation of daily meal reports.
 - (7) Documentation of participant feedback, and the method used to obtain feedback on a routine basis and the feedback obtained.
- (k) Contributions. Nutrition service providers shall comply with the Older Americans Act, as reauthorized, related to providing participants the opportunity to make voluntary contributions in support of the program, in a manner which protects their confidentiality.
 - (1) Providers shall assure that contributions shall be used only to support or expand the nutrition program, including:
 - (A) provision of additional outreach activities;
 - (B) provision of additional nutrition screening, education and counseling services;
 - (C) purchase of transportation services that will increase or enhance attendance at nutrition sites; or
 - (D) expansion of meal services or improvements in meal quality.
 - (2) The service provider may accept Electronic Benefits Transfers (EBT) if available, from eligible participants as a form of voluntary contribution.
 - (3) Providers shall assure that no participant is denied service due to an inability or unwillingness to make a voluntary contribution
 - (4) Providers shall assure that solicitations of voluntary contributions are non-coercive in nature.
- (l) Other program income and fees.
 - (1) The provider agency shall recover, at a minimum, the full meal cost as determined by the uniform cost methodology for those meals served to staff and guests under age 60. The provider shall account for payment for these meals on separate receipts from contributions and handle funds in the same manner as program income. The meal cost for purposes of cost recovery from staff

and guests under age 60 shall be posted in a prominent location and updated on an annual basis. For the purpose of determining the amount to be recovered, the meal cost will be calculated only for central kitchen or food vendor costs. The total costs, including overhead/operating costs shall be posted as well.

- (2) Providers shall not apply a cost share to meals paid for with Older Americans Act funds. The AAAs at the time of intake and screening, (or the provider agency if applicable) shall inform each applicant of the potential for the payment of part or all of the cost of the meal as provided by DAS policies for State Community Based Services funds, and assess each applicant's potential fee using DAS guide

- (m) Nutrition Services Incentive Program (NSIP)
The cash allotment made available by the United States Department of Agriculture (USDA) shall be used in accordance with the Older Americans Act and United States Department of Agriculture policy and procedures. Meals provided through the NSIP must meet all requirements of the former USDA cash reimbursement program and must be served to eligible participants. Meals eligible for NSIP funding are those which:

- (1) meet one-third of the Recommended Dietary Allowances (RDA);²⁰
- (2) are served to eligible individuals {see §304.3(d) and §304.4(d);}
- (3) are served by a nutrition service provider who is under the jurisdiction, control, management and audit authority of the State Unit on Aging, or the Area Agency on Aging.

§304.7 Area Agency on Aging Responsibilities for the Nutrition Services Program

- (a) Policies and procedures. The AAA shall develop and implement any necessary additional policies and procedures for the following:
 - (1) compliance with the Older Americans Act, as reauthorized, with regard to the elderly nutrition program.

²⁰ Exception: Meals which are modified in nutrient content for medical reasons and which are prescribed by a physician.

- (2) program evaluation activities, including conducting periodic evaluations of assessment, reassessment and nutrition risk information for congregate and home delivered meals participants to assure that those persons in greatest need are being served and desired outcomes are achieved;
- (3) verification that all providers comply with the Older Americans Act, as reauthorized, concerning use of NSIP funding; that only eligible meals are funded through NSIP; and that cash will be used to purchase only meals prepared from food grown or commodities produced in the United States.
- (4) the election to allow providers to provide meals to volunteers, guests and staff.
 - (A) Nutrition services staff guests and volunteers age 60 and over are considered to be eligible older persons for purposes of receiving meals and shall be given the same opportunity to make voluntary contributions as any other participant.
 - (B) Staff, guests, and volunteers under age 60 (except for spouses of eligible participants) may consume a meal only when it will not deprive an eligible older person of the opportunity to receive a meal.

These individuals shall pay the full cost of any meals received.

- (b) Compliance requirements. AAAs are responsible for:
 - (1) assuring that all meals served meet requirements as specified in §304.5;
 - (2) establishing procedures for consistent AAA management of waiting lists and communications with nutrition providers regarding referrals to and openings in the program.
 - (3) assuring that service provider staff have made appropriate arrangements for providing meals in emergency situations or natural disasters, with emphasis on plans for providing services during periods of inclement weather, particularly to people residing in geographically remote areas.

- (c) Staffing for nutrition program contract management duties. The AAA shall designate one or more staff to manage the nutrition service contracts or obtain the services of consultants to coordinate with staff for the management of nutrition services contracts. The minimum qualification for staff or consultants shall be:
 - (1) satisfactory completion of a DAS-approved course in food safety, food protection, or equivalent (see note 17, page 12); and/or
 - (2) Licensure through the state of Georgia as a registered dietician.
- (d) Compliance Monitoring.
 - (1) The AAA shall monitor each nutrition service provider and individual provider site at least once annually within the first six months of the contract year, placing additional emphasis on monitoring more often those sites which continue to demonstrate substantial non-compliance for the previous year, or new provider(s)/site(s).
 - (2) The AAA shall monitor each commercial food vendor kitchen or commissary on-site at least once annually. Follow-up during the contract period shall be made as desired or indicated.
- (e) Negotiation of contracts.
 - (1) Using the uniform cost methodology and principles of performance based contracting to procure Congregate and Home Delivered Meals, AAAs shall assure that potential subcontractors establish a base meal cost. AAAs shall base reimbursement rates on actual cash costs, excluding estimates of volunteer time, and the value of contributed goods and services. The base meal cost shall be the basis for negotiation between the AAA and any respondents to requests for proposals.
 - (2) Costs of services other than the base meal rate must be accounted for in other service categories.
 - (3) The AAA has the authority to renegotiate reimbursement rates during the contract period, based on documentation from the provider which identifies additional costs and the rationale for including any additional costs as necessary and reasonable to the provision of meals.

- (f) Program Planning and Evaluation. The AAA shall use NSI-D Checklist data at a minimum, and any other relevant data, to identify and target nutrition services to the at-risk population. On an annual basis, the AAA shall analyze client and cost data, in addition to compliance monitoring results to identify necessary program improvements. The AAA shall involve the provider(s) in the evaluation process and provide written feedback regarding required corrective actions or program improvement initiatives.

§304.8 Registered Dietitians

- (a) The AAA is responsible for assuring compliance with the Older Americans Act, as reauthorized, which provides that the nutrition program be administered with the advice of dietitians or individuals with comparable expertise. The AAA may employ directly the dietitian(s) or contract for consultation services. Nutrition service providers may also employ or contract for dietitian services in fulfillment of this requirement.
- (b) Duties of the dietitian include, but are not limited to,
 - (1) Menu planning - the development (or oversight of the development of) regular four week cycle menus (four or six-month cycle for special diets) which will change quarterly with consideration of input from program participants and staff. The dietitian shall convene quarterly menu planning meetings with senior center managers, and on-site kitchen staff or commercial food vendor staff.

The dietitian shall assure that the menus conform to the Division of Aging Services' meal patterns and nutrient content.
 - (2) Development of standardized recipes and nutritional analysis - The dietitian shall develop, select, and/or approve standardized recipes as needed/appropriate and provide/obtain full nutritional analysis for all proposed menus.
 - (3) Training - The dietitian shall provide quarterly (or more frequently as needed) in-service training to on-site kitchen staff and senior center staff on such topics as food sanitation and safety; portion control; quality control; cost control; special nutritional needs of the elderly; planning low-cost nutritious meals for one or two people and other nutrition and health related topics.
 - (4) Nutrition Education - The dietitian shall develop and/or disseminate approved nutrition education materials to food service personnel (for use with kitchen staff) and to senior center managers (for

use with congregate and home delivered meals program participants).

- (5) Technical Assistance - The Dietician shall provide technical assistance in the areas of food service management and nutrition program management to Area Agency staff, nutrition project personnel and food service personnel.
- (6) Nutrition Screening and Intervention - The dietician shall assist the Area Agency staff and nutrition service providers in the implementation of the Nutrition Screening Initiative in the planning and service area, including assisting with developing protocols and mechanisms to provide access to Level I Screening (or higher) or referrals to appropriate health care providers for individuals identified as being at high nutritional risk.
- (7) Nutrition Counseling — The dietician shall provide, oversee and/or develop resources for the provision of individualized nutrition counseling for persons identified as being at high nutrition risk, including developing protocols for targeting client groups and priorities for using available resources. The counseling shall include referral to other needed services and assistance and follow-up. The dietician shall coordinate service referrals with case managers, if present.
- (8) Program Monitoring, Planning and Evaluation — the dietician shall oversee or assist with program monitoring and evaluation; the analysis of programmatic data; oversee or assist in the development of bid specifications; and oversee or assist in developing the Area Plan with regard to meal service and nutrition program initiatives.

§304.9 Transfers of Program Funding

AAAs may transfer up to 40% of the funding between the congregate and home delivered meals program, and an additional 30% between the nutrition services program and supportive services, with approval from the Division, to assure that the Division does not exceed the transfer percentages in the aggregate. AAAs shall provide in the Area Plan/Update a description of the amounts to be transferred, the purpose, the need, and the impact on the provision of services from which funding will be transferred. AAAs may request waivers to transfer a larger percentage, with justification, and DAS may approve excess transfers, conditional on not exceeding the maximum percentage statewide.

**§304.10 Provider Quality Assurance
and Program Evaluation**

- (a) AAAs shall assure that each nutrition program provider organization develops and implements an annual plan to evaluate and improve the effectiveness of program operations and services to ensure continuous improvement in service delivery
- (b) The evaluation process shall include:
 - (1) a review of the existing program.
 - (2) satisfaction survey results from consumers, staff, and program volunteers.
 - (3) program modifications made that responded to changing needs or interests of consumers, staff or volunteers.
 - (4) proposed program and administrative improvements.
- (c) Each provider with an individual contract shall prepare and submit to the AAA annually a written report which summarizes the evaluation findings, improvement goals, and implementation plan for each site. The provider shall submit the report no later than the end of the first quarter of the new fiscal year (September 30.)
- (d) Providers which also operate senior centers shall incorporate the evaluation of the nutrition program into the annual senior center program evaluation.

revised 8/2002

§304.11 Fiscal Management

Contractors providing nutrition services shall practice sound and effective fiscal planning and management, financial and administrative record keeping and reporting. Contractors will use the Division's Uniform Cost Methodology on an annual basis to analyze, evaluate and manage the costs of the program.

§304.12 Laws and Codes

Each nutrition service program site shall be operated in compliance with all federal, state, and local laws and codes that govern facility operations, specifically related to fire safety; sanitation; insurance coverage; and wage and hour requirements.

Effective Date: Upon issuance.

Appendix 304-A
Making a Sanitizing Solution

SANITATION OF FOOD PREPARATION WORK AREAS AND EQUIPMENT

A number of factors influence the effectiveness of any chemical sanitizer. They are:

Contact

In order to lower the number of microorganisms to an acceptable level, the sanitizing solution must make contact with the surface or the utensil for the amount of time required by the state or local regulatory authority.

Selectivity

All sanitizers may not reduce the number of certain microorganisms to an acceptable level.

Concentration

The concentration of the sanitizing solution is a critical factor. In the case of chlorine bleach, the 1997 FDA Model Food Code recommends a concentration of 25-100 ppm (parts per million) depending on the job to be done, the temperature of the water and the pH of the solution. Concentrations higher than necessary can create a safety hazard, cause taste and odor problems, corrode metals and other materials and leave residues. The effectiveness of a chlorine bleach sanitizing solution diminishes with use. Therefore it is necessary to test the sanitizing solution using test strips. These are readily available from foodservice supply houses.

Temperature

Chlorine sanitizing solutions should be at a minimum temperature of 75°F. They are less effective at lower temperatures. At temperatures higher than 120°F chlorine may evaporate from the solution and corrode certain metals. In general all sanitizers work best at temperatures between 75° and 120°F.

To Sanitize Work surfaces

- After each use, especially after working with raw meat, fish or poultry, thoroughly wash with hot water and soap/detergent and rinse with warm water.
- Use a sanitizing solution of 1 teaspoon of liquid chlorine bleach to one gallon of warm water (at least 75°F) (200 ppm solution) with clean wiping cloth. (Note: solution should be changed often). Wiping cloths should be kept in the sanitizing solution. (Also, see note below)
- Air dry.

To Sanitize Dishes, Glassware, Utensils, Pots and Pans

- Wash thoroughly in warm water and soap/detergent.
- Rinse thoroughly in warm water.
- Soap/detergent residue and organic matter (food/soil) even in small amounts reduces the effectiveness of the sanitizing solution.
- Immerse in a solution of one teaspoon of liquid chlorine bleach to one gallon of water for at least one minute (60 seconds).
- Air dry.

To Sanitize Dishtowels, Dishcloths and Wiping Towels

In the sink

- Fill sink with warm water and appropriate amount of laundry detergent.
- Add one teaspoon of liquid chlorine bleach for each gallon of water.
- Swish around.
- Rinse in warm water
- Air dry.

In the washing machine

- Wash in washing machine with laundry detergent/soap and one cup of liquid chlorine bleach.
- Always thoroughly mix with water as directed before using.
- Do not allow undiluted liquid chlorine bleach to come in contact with any fabric (If it does, rinse out immediately with clear, cold water)
- Do not use on steel, aluminum, silver or chipped enamel.

In addition to cleaning and sanitizing work surfaces, equipment and utensils, also note the areas of the facility that may have been overlooked for cleaning, e.g., walls, ceiling, light fixtures, floors, floor drains and shelves.

Note: Solution proportions are based on the concentration of chlorine in bleach-

- 2%: Use 2 teaspoons of bleach to 1 quart of water or
Use 2 tablespoons of bleach to 1 gallon of water
- 4% Use 1 teaspoon of bleach to 1 quart of water, or
Use 1 tablespoon of bleach to 1 gallon of water
- 6% Use 1/2 teaspoon of bleach to 1 quart of water, or
Use 2 teaspoons of bleach to 1 gallon of water

Sources: The University of Georgia Cooperative Extension Service, University of Rhode Island Cooperative Extension Service and FoodServiceSearch.Com, http://www.foodservicesearch.com/food_safety

Appendix 304-B

Basic Training Topics for Nutrition Program Staff

Training Topics

The following topics at a minimum are to be covered in initial training and orientation for all program staff and volunteers involved in the serving of meals, prior to their assuming their job responsibilities:

- Agency orientation
- Food safety and sanitation
- DAS meal temperature standards
- Policies on voluntary contributions and fees for service
- Portion control
- Emergency management procedures
- Handling client emergencies (health/medical)
- Policies on client confidentiality
- Policies on non-discrimination and Americans with Disabilities Act requirements
- Meal packaging (for home delivered meals only)

Additional training content to be covered during the first quarter of employment includes, but is not limited to:

- Basic nutrition for older adults
- Food service management (for congregate meals staff)
- Training participants on food safety, good nutrition and health conditions
- Coordination with the Area Agency on Information, Referral and Assistance services
- Reporting and record maintenance
- Food service evaluation and procedures for communicating with food vendors
- Participant Assessment (if applicable)
- Coordination with AAA on waiting list administration

Appendix 304-C
Sources of Meal Pattern Foods
and
Portion Control Guides

Meats and Meat Alternates

As a group, meat and meat alternates provide protein, iron, B vitamins (thiamine, riboflavin, and niacin) among other nutrients.

For each meal, a 3-ounce edible portion of lean meat, poultry, fish, eggs, or meat alternate (dried beans, peas or other legumes; nuts and nut butters; or cheese) must be served.

Nuts and seeds may be used to meet no more than one-half of the meat/meat alternate requirement, and must be appropriately combined with other meats/meat alternates to fulfill the requirement.

- ▶ Cooked dried beans, peas or legumes intended as the meat alternative for any meal may not also count toward the fruit/vegetable requirement for the same meal.
- ▶ Meats or alternate foods may be served alone or combined with other foods in casseroles, loaves, patties, soups, salads and sandwiches.
- ▶ Cured meat products, such as ham, sausages, luncheon meats, and hot dogs are very high in sodium and the use of these type products must be limited to no more than three or four times during the menu cycle. Bacon is not considered a meat alternate, since it provides primarily fat and sodium, and few other nutrients.
- ▶ Vegetable protein products or textured vegetable protein (VPP or TVP) are low cost alternatives and are effective in increasing the fluid intake of program participants. The recommended ratio of protein product to meat is 20 : 80.

Portion Control Guide – Meats and Meat Alternates	
Food Item	Required Portion Size = 3 ounces = 1 M/MA
Cottage Cheese 2 ounces by weight = $\frac{1}{4}$ cup = 1 M/MA	6 ounces by weight = $\frac{3}{4}$ cup
Chicken	1 drumstick and 1 thigh or $\frac{1}{2}$ breast to equal 3 ounces
Chili, soups	Must serve at least $1\frac{1}{2}$ cups containing 3 ounces of meat or meat alternate to provide one meal's protein requirement
Dried beans and peas, cooked	$1\frac{1}{2}$ cups
Eggs One egg = 1 ounce	3 eggs
Lasagna, Macaroni and Cheese, Beef or other Meat Stew, Meat Casseroles	$1\frac{1}{2}$ cups
Meat Loaf 1 slice 2"x4"x2" = 4 ounces	4 ounces (yield from a 20"x12"x2" pan = 33 servings)
Pizza $3\frac{1}{4}$ " x 7" = 3 ounces M/MA	10 servings per 18"x26" pan 5+ servings from 12"x20" pan
Roast Meats	3 ounces
Sandwiches	
Sliced meats/cheese	3 ounces
Salad type fillings	3 ounces = $\frac{3}{4}$ cup filling
Spaghetti sauces with ground beef	1 cup
Tofu	4 ounces

Meat/Meat Alternates, continued

Prepared Fish Products

Fish Product	Serving or Portion Size
Fish sticks, <u>Frozen Fried Breaded</u> 60 per cent fish	Six 1 ounce sticks = 3 ounces cooked fish
Fish sticks, <u>Frozen Raw Breaded</u> 72 per cent fish	Six 1 ounce sticks = 3 ounces cooked fish
Fish portions, Frozen, <u>Fried Battered</u> There is no standard portion for this product. Specify 45 per cent fish <u>and</u> require a certificate of inspection from the processor	9 ounce portion = 3 ounces cooked fish
Fish portions, Frozen, <u>Fried, Breaded</u>	6 ounce portion = 3 ounces cooked fish
Fish portions Frozen, <u>Raw Breaded</u> 75 per cent fish	6 ounce portion = 3 ounces cooked fish
Fish portions Frozen, <u>Unbreaded</u>	4 ounce portion = 3 ounces cooked fish

Additional Information on Specific Products

Canned Soups

Most canned soups do not contain enough meat to make a substantial contribution to the meat requirement.

For example: Bean soup or Pea Soup

A 1 cup serving of soup contains ½ cup beans or peas. This is equivalent to 1 ounce of M/MA. It would take 3 cups to provide the required 3 ounces of M/MA.

An 8 ounce serving (1 cup) would provide 1 cup M/MA. The remaining 2 ounces required for a meal could be provided in a sandwich or other entrée item.

Hot Dogs/Frankfurters

Red meat (beef, pork, etc.) and poultry (turkey, chicken) hotdogs that do not contain meat by-products, cereals, binders, or extenders:

1 ounce of product provides 1 ounce of cooked lean meat

Look for products labeled "All Meat," "All Beef," "All Pork," etc.

If a single hotdog equals 2 ounces, it will take one and a half hot dogs to equal a 3-ounce portion

Hotdogs containing meat by products, cereals, binders, or extenders are not acceptable on an ounce-for-ounce basis. Product labeling will indicate the presence of any such ingredients.

If using hotdogs containing extenders or binders, only the cooked or lean meat portion of the product can be used toward the M/MA requirement. Obtain product information from the manufacturer if necessary.

Luncheon Meat

Luncheon meat is a smoked, cooked sausage. Those that do not contain meat by-products, cereals, binders or extenders are exchangeable on an ounce-per-ounce basis (1 ounce of product provides 1 ounce of cooked lean meat.)

Look for products labeled "All Meat."

Read the label to determine portion size; often servings are less than 3 ounces

The contribution of lunch meats that do contain meat by-products, cereals, binders, or extenders cannot always be determined on the basis of the label information. Unless you can get a signed written statement from the manufacturer certifying the amount of cooked, lean meat in the finished product, it is wiser not to use the products at all.

Note: Federal law requires that binders, extenders, etc. be listed on product labels in descending order of the percentage of content (from highest to lowest.)

Cheese Foods and Cheese Spreads

Cheese foods and spreads such as Velveeta™ and Cheese Whiz™ may be served as meat alternates, but twice as much is required because these products contain less protein and more moisture than natural and processed cheeses.

A 2 ounce serving of cheese food or spread is equivalent to only 1 ounce of M/MA. Six ounces of cheese food/spread is required to equal a 3 ounce portion.

Note: All of these food products contain significant amounts of sodium and fat and their use should be limited.

Fruits and Vegetables

Fruits and vegetables are the primary sources of vitamins A, C and folacin in the diet.

They also are good sources of such minerals as iron, zinc, magnesium, and are good sources of fiber. They are low in fat and should be included in the diet as often as possible. The nutrition program should encourage participants to "Take Five a Day," meaning to eat five servings in total of fruits and vegetables daily. Individually, three to five servings of vegetable and two to four servings of fruit are recommended according to the Food Guide Pyramid. Meals served through the nutrition program should be planned to help people to the greatest extent possible achieve that goal. To meet program requirements, each meal served must contain two or more different vegetables and/or fruits. Plan to serve foods rich in Vitamin A at least three times per week, and foods rich in Vitamin C daily.

Fruits and vegetables may be served cooked, or raw, if properly washed, and may be served alone or in combinations. A serving is $\frac{1}{2}$ cup or a single piece. If serving raw vegetables as a relish tray, each serving must be at least $\frac{1}{4}$ cup, and additional food items must be provided to fulfill the entire 1 cup requirement.

One-fourth cup, drained weight, minimum of fruits or vegetables must be provided per serving in any soup, stew, casserole, gelatin or other combination dish, if it is identified as a "Fruit/Vegetable" serving. The total meal must provide 1 cup in total of fruit/vegetables from at least two sources.

When juices are served they must be 100 percent fruit or vegetable juice. Fruit drinks, nectars, or cocktails containing less than 50 percent juice may not count toward this requirement.

Juices may be served daily. However, due to a generally low fiber content, they may not be considered a part of the fruit/vegetable requirement more than once a week.

When purchasing frozen and canned fruits, choose those without added sugar or syrup, preferably canned in fruit juice or water.

Macaroni, rice, noodles, and spaghetti are not vegetables and do not contribute toward the vegetable component. (See bread/grain requirement.)

Salad bars may be provided as one of the two servings of fruits and/or vegetables for any meal. Foods rich in Vitamins A and C must be offered in salad bars, when offered.

Pasta and Macaroni salads rarely contain sufficient vegetables to meet the requirement of a $\frac{1}{2}$ cup serving. When serving these salads, include sufficient fruits and/or vegetables in the meal to provide a total of 1 cup. The macaroni may be considered the bread for the meal if $\frac{1}{2}$ cup of the salad is served. (The total salad serving would be larger than $\frac{1}{2}$ cup.)

Main dish salads, such as Chef of Taco salad, can meet the full requirement providing that it provides a 3-ounce portion of meat/meat alternate, and at least one cup of vegetables, with more than two types of vegetable included. For example, a salad composed only of Iceberg lettuce would not meet program standards, but one containing cabbage, romaine, spinach and Iceberg, plus other vegetables (tomato, green pepper, onion, cucumber, etc.), as well as the meat/meat alternative would.

Fruits and Vegetables	Portion – Total 1 cup minimum from two or more items
Canned or frozen fruits or vegetables	$\frac{1}{4}$ cup = #16 scoop $\frac{1}{2}$ cup = #8 scoop
Fresh fruit	$\frac{1}{2}$ cup = 1 medium piece
Juice, full strength	$\frac{1}{2}$ cup (4 ounces) served in a 5 or 6 ounce cup
Soups - canned, vegetable types	1 cup reconstituted or ready-to-serve = $\frac{1}{4}$ cup serving of vegetable
pea soup	1 cup = $\frac{1}{2}$ cup vegetable
Tomato, Sauce	$\frac{1}{2}$ cup = $\frac{1}{2}$ cup vegetable
Paste	2 Tablespoons = $\frac{1}{2}$ cup vegetable
Pureé	4 Tablespoons = $\frac{1}{2}$ cup vegetable

Fruits and Vegetables, continued

Sources of Vitamin A: A ½ cup serving of the following will provide:

500+ micrograms > 1/3 RDA	200 -500 micrograms = 1/3 RDA	100 - 200 micrograms < 1/3 RDA
Carrots	Mango	Apricots, dried, canned
Chard, Swiss (cooked)	Cantaloupe	Cranberries
Collards (cooked)	Papaya (half)	Nectarines
Pumpkin	Beet Greens	Peaches
Spinach (cooked)	Bok Choy (cooked)	Persimmons
Squashes, Winter varieties	Kale	Asparagus
Sweet potato	Mustard Greens	Broccoli
Mixed vegetables	Parsley	Bok Choy (fresh)
	Peas and Carrots	Chard, Swiss (fresh)
	Peppers, Sweet, red	Mustard Greens (fresh)
	Spinach (fresh)	Tomatoes
	Turnip Greens	Vegetable Juice Cocktail

RDA for Vitamin A—
Women – 800 micrograms
Men – 1,000 micrograms

Sources of Vitamin C: A ½ cup serving of the following foods will provide (1/3 RDA = 20 miligrams)

50 mg. +	30 - 50 mg.	15 - 30 mg
Broccoli	Cauliflower	Asparagus
Brussels Sprouts	Collards	Cabbage
Chili Peppers, red and green	Cranberries	Cantaloupe
Grapefruit	Grapefruit juice	Honeydew melon
Guava	Kale	Mandarin Orange
Oranges, orange juice	Mangoes	Okra
Papayas	Mustard Greens	Pineapple juice
Parsley	Raspberries	Potatoes
Kiwi fruit	Strawberries	Tangerines, juice
		Rutabagas
		Sauerkraut
		Spinach
		Sweet Potatoes
		Tangelos
		Tomatoes, juice, paste, puree
		Turnip roots and greens

RDA for Vitamin C—
60 mg/day for men and women

Breads, Cereals, Rice and Pasta Group

Whole Grain/Enriched Bread Requirement

Enriched or whole grain bread and cereals are sources of B vitamins, minerals (especially iron), protein and calories. Whole grain products supply additional vitamins and minerals, as well as dietary fiber and a variety of tastes and textures.

Breads or alternates must be whole grain or enriched or made from whole grain or enriched meals and/or flours, as the primary ingredient(s) by weight, as specified by labeling or recipe.

The bread or bread alternate must serve the customary function of bread in a meal. This means that for lunch the bread/product must be served as an accompaniment to, or a recognizable part of the main dish, not merely as an ingredient.

One serving of whole grains or enriched bread or an alternate is required. One serving is one slice of bread, or one biscuit, muffin, roll, or square of cornbread.

- ▶ Bread alternatives include enriched or whole grain cereals such as spaghetti, macaroni, dumplings, pancakes and waffles. Rice, crackers and tortillas also are included.

- ▶ Breads containing fruits and vegetables, such as banana and pumpkin, are considered desserts due to their calorie and nutrient composition.

- ▶ To provide additional variety, certain vegetables and fruits high in complex carbohydrates may occasionally be served as bread alternates. A four-ounce serving of the following may be used: white potatoes, sweet potatoes, yams, plantains, corn, pumpkin, squash, dried beans, peas or lentils (4 ounces = $\frac{1}{2}$ to $\frac{3}{4}$ cup.) When used as the bread alternates, these foods may not be considered as part of the fruit and vegetable requirement.

- ▶ When serving breakfast meals, include muffins made from low fat recipes, bagels or English muffins instead of sweet rolls, coffee cakes or doughnuts (which are higher in fat and calories,) whenever possible.

Bread and Bread Products

Include:

- Whole grain or enriched breads
- Whole grain or enriched cereals
- Chow Mein Noodles
- Corn tortillas and corn products made with whole grain or enriched corn meal
- Egg roll or Won Ton wrappers
- Graham crackers
- Grains, such as bulgur, oats, wheat, farina, corn meal, millet, rice, etc.
- Grits - enriched corn grits or hominy grits
- Macaroni and macaroni products — enriched lasagna, elbow macaroni, and spaghetti
- Noodles and noodle products (enriched)
- Popovers
- Pretzels — soft only
- Rice cakes
- Stuffings/dressings (made with enriched breads)
- Taco shells

The following may be used on a limited basis due to fat content:

- Coffee cakes
- Doughnuts
- Granola cereal
- Pie crust for main dishes
- Puff pastry for main dishes
- Sweet rolls and buns

The following may not be used to meet the bread requirement

- Commercial bread stuffing made from unenriched bread products
- Cakes
- Chips (taco, potato, corn, etc.)
- Unenriched corn meal or grits
- Cupcakes
- Gingerbread
- Ice Cream cones
- Dessert pie crusts
- Popcorn
- Tapioca
- Wheat germ (may be used in bread products)

Bread Equivalents

Item	Serving Size	Approximate Weight per Unit	
		Grams	Ounces
Bagel	1 bagel	57	2.0
Bread Stick	4 sticks	20	0.7
Buns, all types	1 bun	28	1.0
Chow Mein Noodles	½ cup	22	0.8
Cornbread (2-inch square)	1 square	38	1.3
English Muffin	1 muffin	57	2.0
Graham Cracker (2 ½" square)	3 crackers	21	0.7
Muffin, low fat	1 muffin	38	1.3
Pancakes	1 pancake	50	1.8
Pizza Crust	1 slice crust	30	1.1
Popover	1 popover	50	1.8
Pretzel, soft	2 pretzels	32	1.2
Rye wafers (whole grain)	4 wafers	25	0.9
Roll, dinner	1 roll	30	1.1
Saltine crackers	8 crackers	20	0.8
Stuffing/dressing	⅓ cup	46	1.6
Taco shells	2 shells	30	0.8
Tortillas (6-inch diameter)	1 tortilla	30	1.1
Waffles	1 waffle	30	1.1

Cooked portions of cereal products such as pasta (Macaroni, noodles, spaghetti), rice, bulgur, or other cereal grains may count toward meeting the bread requirement as follows:

Bulgur.....½ cup
 Fortified Dry Cereal.....¾ cup
 Cream of Wheat.....½ cup
 Pasta products.....½ cup
 Rice.....½ cup
 Rolled Oats.....½ cup

Milk and Dairy Products

Milk or Equivalent Products

Milk products are good sources of calcium , protein, and riboflavin. Fortified products also provide vitamins A and D.

Eight ounces of fortified milk (preferably low fat or skim), buttermilk, or a calcium equivalent must be served daily. The use of skim or low fat milk and milk products is encouraged to help reduce the total fat in the meal.

In August 1997, the RDA for calcium for Adults was increased from 800 mg. to 1200 mg, a 33% increase.

For individuals who do not tolerate milk products well, dietary modifications may include:

- Products such as canned sardines and salmon, including the bones; dark green leafy vegetables; cooked dried beans and peas.
- Yogurt. Many people who are lactose intolerant can eat yogurt (especially with live cultures).

Custards, puddings, and ice milk also may be used to meet some of the calcium requirements. Because of the large portions which would be required, however, these foods should be considered as a supplement, rather than replacement for other dairy products. This recommendation is made to keep fat, sugar and total calories within the U.S. Dietary Guidelines.

One 8 ounce serving of low fat milk will provide approximate 300 mg. of calcium. This amount must be supplied through other foods if milk is not consumed.

Lactose-reduced milk is a fluid milk product modified by the addition of lactose enzymes. The lactose (milk sugar) in this milk has been broken down into simple sugars. People who have difficulty digesting or cannot digest the lactose in milk may benefit from a lactose-reduced or lactose free lowfat milk product.

Milk and Milk Alternatives

8 ounces flavored or unflavored:

- | | |
|-------------------------|---|
| • Whole milk | • Hot Chocolate or Cocoa made with non-fat milk |
| • Low fat milk (1%, 2%) | • Lactose-reduced or lactose-free milk |
| • Skim milk (non-fat) | • Yogurt |
| • Buttermilk | |

Other portion sizes required to meet calcium needs:

Cheeses:

- Ricotta, part skim – ½ cup
- Cottage, 1% fat -- 1 ¼ cup
- Cheddar, Monterey, Provolone, Swiss, Colby, Mozzarella, American – 1 ½ ounces*
- Tofu, preserved in calcium sulfate -- ½ cup

*Note: use of "hard" cheeses should be limited due to the higher fat content.

Rich Sources of Calcium

200 – 300+ Mg Per Serving

	Mg Calcium	Calories		Mg Calcium	Calories
Dairy Products			Meat/Meat Alternatives		
Buttermilk, 1 cup	285	99	Seafood		
Milk, Skim, 1 cup	302	86	Mackerel, canned Jack, 3 oz	202	131
Milk, 1%, 1 cup	300	102	Salmon, canned w/bones, 3 oz.		
Milk, 2% 1 cup	297	121	Chum	212	120
Milk, whole, 1 cup	291	150	Sockeye	203	130
Milk, chocolate 2%, 1 cup	284	179	Sardines, canned, drained/bones		
Milk, nonfat dry, 1/3 cup	280	81	Atlantic, 3 oz.	351	192
Buttermilk, dry, 1/4 cup	355	118	Pacific, 3.5 oz.	351	176
Milk, canned:			Fruits/Vegetables		
skim, evaporated, 1/2 cup	369	100	Collard Greens, raw,		
whole, evaporated, 1/2 cup	329	170	3.5 oz	203	40
Cheeses			Desserts		
Cheddar, 1 oz.	204	114	Custard pie, 6 oz. slice	297	305
Monterey, 1 oz.	212	106	Ice cream, soft serve, 1 c.	236	377
Provolone, 1 oz.	214	100	Ice Milk, soft serve, 1 cup	274	223
Ricotta, part skim, 1/2 cup	337	170	Pumpkin pie, 7 oz. slice	212	367
Swiss, 1 oz.	272	107	Yogurt, frozen, 1 cup	240	220
Tofu, firm, 1/2 cup	258	183			
Yogurt, plain lowfat, 1 cup	452	127			
Yogurt, vanilla lowfat, 1 cup	389	193			
Yogurt, fruit, lowfat, 1 cup	231	231			

100 – 200 Mg Per Serving

	Mg Calcium	Calories		Mg Calcium	Calories
Dairy Products			Meat/Meat Alternates		
Cheeses			Beans, Baked, Homemade, 1 cup	155	382
American, 1 oz.	174	106	Bean, canned, plain/vegetarian, 1 c.	126	235
Blue, 1 oz.	150	100	Beans, w/ pork, sweet sauce, 1 cup	155	282
Colby, 1 oz.	194	112	Beans w/ pork, tomato sauce, 1 cup	141	247
Cottage, 1%, 1/2 c.	138	164	Beans, Navy, (dry) cooked, 1 cup	128	259
Mozzarella, part skim					
1 cup	183	80	Beans, refried, canned, 1 cup	118	270
Yogurt cheese, 1/4 c.	179	56	Beans, White (dried) cooked, 1 cup	131	253
			Beans, Soy (dried) cooked, 1 cup	175	298
Breads, Grains, Cereals			Seafood		
English muffin, sourdough			Clams, canned, 1/2 cup	118	74
2 oz.	112	129	Salmon, canned w/ bones, 3 oz. (Pink)	182	130
Oatmeal, instant, fortified,					
plain, 3/4 cup	163	104			
Fruits/Vegetables			Desserts		
Collard Greens, cooked			Fudgesicle, one	129	91
1/2 cup	152	29	Ice Cream, regular vanilla, 1 cup	176	269
Kale, 3 1/2 oz. raw	179	38	Ice Milk, Hard, vanilla, 1 cup	176	184
Kale, cooked, 3/4 cup	134	28	Puddings,		
Rhubarb, frozen			Chocolate, (instant or cooked) 1/2 cup	138	152
cooked, 1 cup	174	139	Coconut (instant) 1/2 cup	148	184
Swiss chard, cooked			Lemon (instant) 1/2 cup	147	178
Leaves, stems, 1 c.	106	26	Rice (mix) 1/2 cup	133	155
Leaves only, 1 c.	128	32	Tapioca (mix) 1/2 cup	131	145
Turnips, greens			Vanilla, 1/2 cup	130	148
cooked, 2/3 cup	184	20			

Rich Sources of Calcium, *continued*

50 – 100 Mg Per Serving

	Mg Calcium	Calories		Mg Calcium	Calories
Cheeses			Meat/Meat Alternates		
Cottage, creamed, ½ cup	63	225	Almonds, ¼ cup (36 g.)	83	210
Cottage, 2%, ½ cup	77	205	Beans, kidney,		
Parmesan, 1 Tbsp.	70	22	(dried) cooked, 1 c.	50	225
Breads, Grains, Cereals			Beans, kidney		
Cornbread, 2 inch square	94	200	canned, 1 c.	69	208
Fruits/Vegetables			Beans, Garbanzo,		
Beans, wax, ½ cup	50	22	canned, cooked, 1c.	80	269
Broccoli, ½ cup	68	25	Brazil nuts, ¼ cup	65	230
Romaine lettuce, 3 ½ oz.	68	18	Filberts, ¼ cup	71	213
Okra, frozen, cut, ½ cup	72	26	Seafood		
Rhubarb, cooked, 3 ½ oz.	86	15	Clams, breaded, fried		
Spinach, raw, 3 ½ oz.	93	26	3 oz (10 clams)	59	190
Spinach, cooked, ½ cup	83	21	Clams, steamed		
Sweet potatoes, canned, solid or vacuum packed			3 oz. (20 clams)	83	133
Mashed, 1 cup	64		Halibut, baked, 3 oz.	51	119
Pieces, 1 cup	50		Oysters, breaded/fried,		
			3 oz. (6 oysters)	54	173
			Desserts		
			Pudding pops, various flavors	76	94
			Pudding pops, chocolate/fudge	87	99

Appendix 304-D

**Evaluation of Home Delivered Meals Participants
for Chilled, Frozen, and/or Shelf Stable Meals**

Use of Alternative Meal Types

When considering providing alternate meal types to homebound individual, as either a routine method of meeting part of their nutritional needs or in planning for continuity of services in emergencies, Area Agencies and/or provider staff are responsible for assessing the appropriateness of alternate meal types for each person who will need them. These types include frozen meals, chilled meals, or shelf stable meals.

Such meal types may not be appropriate if:

- the client's home lacks proper appliances for food storage and preparation, and adequate space for proper storage of multiple meals, if a supply for an extended period of time is planned, or
- the client has physical or cognitive impairments which limit his/her ability to prepare or safely reheat the meals, and/or eat without assistance.

The Determination of Need-Revised (DON-R) screening at the time of intake provides information about the person's functional abilities, specifically in the area of eating and food preparation. It also provides indicators of possible cognitive impairment which may affect the person's functional capacity. The ability to eat is an Activity of Daily Living (ADL) which often is more affected by physical impairment than cognitive impairment. Meal preparation is an Instrumental Activity of Daily Living, which represents a more complex series of tasks. Persons with dementia may be unable to prepare meals, but able to eat with minimal assistance or cueing.

The assessor will use this information, as well as additional information on the physical conditions of the home, to determine the appropriateness of the alternate meal type. The assessor will make a home visit to visually inspect the cooking facilities and availability and condition of equipment and utensils.

The assessor will document the evaluation findings in the client's file, using the following form, or otherwise capturing the required data. Staff responsible for periodic client reassessment will re-verify and document the client's status and continuing appropriateness for alternate meals, if such meals are part of the ongoing care plan.

Client/Home Evaluation for Alternate Meal Types

Client Name: _____ Evaluation Date: _____

Address: _____

Agency Name: _____

Evaluation Completed By _____ Title _____

DON-R Scores and Comments:

Eating:

Is the client able to feed himself/herself? Assess the client's ability to feed him/herself using routine or adapted table utensils and without frequent spills. Address the client's ability to chew, swallow, cut food into manageable size pieces, and to chew and swallow hot and cold foods/beverages.

- Score 0 – The client can eat, with or without an assistive device.
- 1 -- The client can eat, with or without an assistive device, but requires some verbal or physical assistance in some or all components of the activity.
- 2 -- The client cannot eat, even with an assistive device, and/or requires a great deal of verbal and/or physical assistance.
- 3 -- The client cannot eat unassisted.

Availability of assistance with eating. If the client scores at least (1) in impairment level, determine whether someone is available to assist and/or motivate the client in eating.

Need for assistance with eating

- Score 0 -- The client's need for assistance is met to the extent that there is no risk to health or safety if current level of assistance is maintained or no other assistance is added.
- 1-- The client's need for assistance is met most of the time, or there is minimal risk to the client's health or safety if additional assistance is not acquired
- 2-- The client's need for assistance is not met most of the time; or there is moderate risk to the client's health/safety if additional assistance is not acquired;
- 3-- The client's need for assistance is seldom or never met; or there is severe risk to the health and safety of the client.

Who, if anyone, is available to provide assistance? _____

Preparing Meals

Is the client able to prepare hot and or cold meals, including re-heating frozen or chilled meals? Assess the ability to open containers, to use kitchen appliances, and to clean up after the meal, including washing, drying and storing any utensils used in preparing or eating the meal.

- Score 0 – The client can prepare the meal type, with or without an assistive device.
- 1 -- The client can prepare the meal type, with or without an assistive device, but requires some verbal or physical assistance in some or all components of the activity.
- 2 -- The client cannot prepare the proposed meal type, even with an assistive device, and/or requires a great deal of verbal or physical assistance.
- 3 -- The client cannot prepare the proposed meal type without assistance.

