

Area Agency on Aging Serving Napa and Solano ELDERLY NUTRITION PROGRAM STANDARDS

The standards for the operation of elderly nutrition programs are based on the following State and Federal regulations and guidelines.

Older Americans Act (OAA) as amended; California Retail Food Code (CRFC) as amended; California Welfare and Institutions (W&I) Code, California Code of Regulations (CCR) Title 22 Division 1.8 as amended; California Safety and Health Administration (OSHA) Code of Federal Regulations Title 2945 CFR Part 1321 as amended; U.S. Food and Drug Administration Publication, Federal Food Code as amended, California Department of Aging Area Plan Contract and Program Memoranda; and Best Food and Nutrition Practices.

Goals and Purposes

The goals of the elderly nutrition program (ENP) services are to provide nutritionally balanced meals on a daily basis to eligible individuals at a congregate setting or in their own homes within the boundaries of Planning and Service Area (PSA 28) in Napa and Solano County, California, and to assist them in maintaining optimal health and stay independent so that they may continue to reside in the community for as long as possible. The ENP will help address a number of problems faced by many individuals, including poor diets, health problems, food insecurity, and loneliness.

The purpose of the nutrition program is to provide older individuals; particularly those with low incomes, with low cost nutritionally sound meals served in strategically located congregate sites or delivered to the homes of the homebound individuals at least five days a week. Besides promoting better health among the older segment of the population through improved nutrition, such a program focuses on reducing the isolation of old age and providing a link to other social and community services.

Types of Services

Congregate Meals: The congregate meal site must be located in an area easily accessible to the target populations identified in the Area Plan and to the maximum extent possible at a facility where social and health promotional activities are offered directly by the nutrition service providers or through partnership and/or collaboration with other organizations. The site must meet all ADA requirements and operated in a cost effective and efficiency manner.

Home-Delivered Meals (HDM): The home-delivered meals shall be provided throughout the county to meet the needs of the target populations identified in the Area Plan. Meals for HDM must be appropriate for proposed target population and may be delivered hot, chilled, or frozen.

Service Components

Meal Program Management: Coordination of meal service delivery, including transporting meals to service sites or to the homes of program participants. Development of cycle menus based on program participants' needs. Administration of the annual consumer satisfaction survey and monthly meal count and consumer data input, and ensure program's compliance with standards.

Meal Production: From food procurements to completion of cooking and packaging at project-operated facilities or meal catering facilities, including meeting all CRFC and Title 22 requirements and development of standardized recipes.

HACCP Nutrition Compliance Management: Provision of food service in service training for all food service personnel (paid or volunteer) from kitchen to meal site to HDM meal route. Provision of food service safety and sanitation monitoring and on site in service training or technical assistance at the kitchen, meal site, and HDM meal route. Development and implementation of a food service HACCP policies and procedures manual.

Meal Service Site Management: Meal service coordination includes input to the development of cycle menus, serving the meals, meal service and food temperature record, and facility maintenance. Additional administrative service elements include consumer intake and enrollment, nutrition risk screening, web-based consumer and service reporting, etc.

Nutrition Education : Provision of group nutrition education sessions at congregate meal sites on a quarterly basis. Provision of nutrition education information to HDM consumers on a quarterly basis.

HDM Eligibility Assessment: Initial intake and annual comprehensive assessment and quarterly re-assessment for HDM participants. Twice a year the reassessment must be conducted at the homes of the program participants

Target Population

Congregate Meals services must target eligible individuals who live within the PSA boundaries and are members of one or more of the following target groups that have been identified as demonstrating the greatest economic and social need: Low-income, Minority, and Frail.

Home-Delivered Meals services must target eligible *homebound* individuals who have no safe healthy alternative for meals, live in their own homes, or public or senior housing within the PSA boundaries, and are members of one or more of the following target groups that have been identified as demonstrating the greatest economic and social need: Low-income, Minority, and Frail.

Eligibility

1. Congregate Meals - eligible to receive Nutrition Services Initiative Program (NSIP) reimbursement
Individuals eligible to receive a meal at a congregate nutrition sites are:
 - a. Any person aged 60 or over; or
 - b. The spouse, regardless of age, of any person aged 60 or over; or
 - c. A disabled individual as defined in OAA Sec.102 (8) (9), who is under the age of 60 and resides in housing facilities occupied primarily by older persons at which congregate nutrition services are provided; or
 - d. A disabled individual, who is under the age of 60 and resides at home with and accompanies an older individual eligible under the OAA.

2. Home-Delivered Meals (NSIP eligible)
Individuals eligible to receive a home-delivered meal are:
 - a. Any person aged 60 or over who is frail, homebound by reason of illness or incapacitating disability as defined in OAA Sec.102 (8) (9), or otherwise isolated; or
 - b. A spouse of a person in 2-a. above, regardless of age or condition, may receive a home-delivered meal if it is in the best interest of the homebound older person; or
 - c. A disabled individual who resides at home with older individuals eligible under the OAA.
 - d. The eligibility, in accordance with Subsection a-c above, shall be determined by the following criteria:

- (1) Too frail to travel to a congregate nutrition site
- (2) Acute illness
- (3) Convalescing from acute illness
- (4) Incapacitating due to chronic illness
- (5) Incapable of shopping and preparing meals

3. Volunteer, Guest, and Staff Meals

a. Volunteer Meal (NSIP eligible)

A volunteer of any age who provides services during program hours may be offered a meal and the opportunity to contribute to the meal cost. The nutrition provider shall develop the volunteer meal policy and obtain approval from the AAA.

b. Guest Meal (not NSIP eligible)

A guest under 60 may be offered a meal during meal hours, if doing so will not deprive an older person of a meal. The guest shall pay a fee for the meal. In determining fees for guest meals, providers may choose to recover either the full cost of the meal or an amount equal to the AAA share of the cost plus required matching funds. Formulas for these determinations are:

$$\text{(Total Budget)/Annual Contracted Number of Meals} = \text{Total Cost Per}$$

Meal

$$\text{(AAA Award + NSIP + up to 10\% Cash Match)/Annual Contracted Meals} = \text{AAA Cost Per Meal}$$

c. Staff Meal (not NSIP eligible)

Nutrition service staff may receive a meal if it will not deprive an eligible person, as outlined in this sub-part, of a meal, and if the meal cost is recovered either as a cash payment for the meal, or budgeted as employee fringe benefits. When recovered as a direct cash payment, the total meal cost shall be calculated as in C.3.b. above. When provided as employee benefits, staff meals shall be included as employee fringe benefit costs in the budget. It is the responsibility of the service provider to maintain current information concerning State and federal laws for the withholding of income taxes, State Disability Insurance and Social Security.

Program Requirements

Services and program operations must conform to Older American Act Title III-C, California Department of Aging Title 22, Area Agency on Aging nutrition program regulations, and relevant federal, State and local regulations. Each congregate meal participant shall only receive one meal per day. The HDM consumer shall receive one meal per day with the option for two meals if the comprehensive assessment demonstrates the need for an additional meal. The individual oversees the program, production kitchen, home-delivered meals, and congregate meal sites shall process a valid Food Safety Certificate.

Meals Requirements

Program participant shall receive at least one meal per day. Each meal shall provide one-third (1/3) of the Dietary Reference Intakes (DRI) and comply with the current Dietary Guidelines for Americans, published by the USDA and the U.S. Department of Health and Human Services, and the California Daily Food Guide. A meal analysis shall be performed by a Registered Dietitian to ensure compliance with the one-third (1/3) of the Dietary Reference Intakes (DRI) as described in this RFP. Meals must be produced at a HACCP compliance kitchen with valid health permit and current health inspection status from the Environmental Health Division of Napa Public Health Department or Solano Public Health Department, and conform to California Retail Food Code (CFRC).

Programs should consider the preferences of the participants. Program also should reduce plate waste and

to allow more choices. It is encouraged to offer versus serve, to provide soup and salad bars, to provide family or cafeteria style service versus pre-plated service, and use fruit as a dessert as often as possible.

Menu and Meal Pattern Requirements

The proposed menus shall be appropriate, serve the needs of the targeted population, and comply with the Dietary Reference Intakes (DRIs) and the most recent Dietary Guidelines for Americans (DGA). Service providers shall assure the meals programs sustain and improve consumers' health through the provision of safe and nutritious meals by implementing the DGA and providing each participant a minimum of 1/3 of the DRIs. By ensuring adequate nutrient intake, the DRIs prevent nutrient deficiencies and reduce the risk of chronic diseases such as osteoporosis, cancer, and cardiovascular disease.

The menu and meal pattern requirements set forth in this section shall be followed for all meals to assure compliance with the Older Americans Act (OAA), Section 339, and California Regulations, Title 22, Division 1.8, Chapter 4, Article 5, Section 7638.5. The key nutrient recommendations noted in the DGA that affect older individual's health status should be integrated into the menu planning.

The following table represents the most current DRI values and daily compliance range for target nutrients. The nutrients selected for this Table are based on the target nutrients to promote health and prevent disease, prevent deficiencies, indicate diet quality, and manage disease. The values provided are based on the U.S. Department of Agriculture (USDA) Food Guide calculated for one meal for a woman over 70 years old whose activity level is sedentary. This example represents a majority of the older adult population served by the elderly nutrition program. If a majority of the senior population anticipated to be served by the project differs from the example, use your program's predominate demographic characteristics to develop a menu pattern for your population. Each meal should provide a minimum 33-1/3 percent of the DRIs; a minimum of 66-2/3 percent of the DRIs if the project provides two meals per day; and 100 percent of the DRIs if the project provides three meals per day. The nutrients selected are based on the target nutrients to promote health and prevent disease, prevent deficiencies, indicate diet quality, and manage disease.

Nutrient	Target Value per meal on a weekly average - <i>represent 1/3 DRI for a 1600 calorie range</i>	Daily Compliance Range
Calories (Kcal)	>550 Kcal	>550-700 Kcal
Protein	14 gm	14 gm (in the entrée)
Fat (% of total calories)	30%	<35% weekly average
Vitamin A (ug)	250 ug	>250 ug 3 out of 5 days/wk or 4 out of 7 days/wk
Vitamin C (mg)	25 mg	25 mg
Vitamin B6 (mg)	0.5 mg	>0.5 mg
Vitamin B12 (ug)	0.8 ug	0.8 ug - fortified foods be used to meet B12 needs
Calcium (mg)	400 mg	>400 mg
Magnesium (mg)	140 mg	>140 mg
Zinc (mg)	2.6 mg	>2.6 mg Provide education
Sodium (mg)	<800 mg	<1200 mg place an icon on the menu if > 1000 mg
Fiber (gm)	>7 gm	>7 gm
Potassium (gm)	1565 mg	1565 mg Provide education
Vitamin D	200 IU	200 IU
Vitamin E	5 IU	Provide education

Computerized Nutrient Analysis Requirements

When utilizing computerized menu analysis, meals shall be analyzed on a weekly basis for a minimum of 2

weeks of the 5-week cycle menu. Although not required, use of computerized nutrient analysis is strongly recommended and will help ensure and verify the nutritional adequacy of meals. The goal of assessing nutrient intakes of groups is to determine the prevalence of inadequate or excessive nutrient intakes within a particular group of individuals. While meal patterns serve as a basic framework for menu planning, it is encouraged that computerized nutrient analysis be used to provide specific information on nutrients the menu may not be providing. The following nutrients should be included in the analysis when the computerized nutrient analysis method is used: calories; protein; carbohydrates; total fat; saturated fat; total fiber; vitamins A, C, D, E, K, thiamin, riboflavin, niacin, B6, folate, B12, calcium, chromium, copper, iron, magnesium, sodium, and zinc. The ENP should especially focus on Vitamins A and C, Protein, Fat, Sodium, and Fiber.

Component Meal Pattern Requirements

The California 1600 calorie component meal pattern has been developed to reflect the new DGA requirements for those programs that are not using computerized nutrient analysis. In addition to the California 1600 calorie component meal pattern, the programs may choose either of the DGA suggested meal patterns: (1) The Dietary Approaches to Stop Hypertension (DASH) diet, or (2) The USDA Food Guide meal pattern.

Any of the recommended component meal patterns may be used as a menu planning tool to ensure that the appropriate types and amounts of foods are served. Fortified food products and combination dishes in a menu may be used for the required nutrient values. When using a component meal pattern the following target nutrients should be identified on the menu:

- Vitamin C – 25 mg each meal
- Vitamin A – at least three times per week, 250 ug
- Sodium – meals that contain over 1,000 mg must be noted on the menu as a high sodium meal. Noting meals that have more than 1,000 mg of sodium on the menu as such: “This meal contains more than 1,000 mg of sodium,” or using an icon denoting a high sodium meal.

The following table describes the elements in the California 1600 Calorie meal pattern. Serving sizes are based on the USDA Food Guide Pyramid. This sample component meal pattern does not assure that meals meet 1/3 of the DRIs and the DGA. Meals will require specific types of fruits and vegetables, whole grains, and high fiber foods in order to assure the target nutrients are provided. The component meal pattern may be deficient in vitamins E, B12, and Zinc, requiring additional nutrition education for participants on the selection of foods that are good sources of these nutrients. The meal pattern below is based on the minimum requirements for a sedentary female 70 years old.

California 1600 Calorie per Day Component Meal Pattern Minimum Recommended Elements

Food Group	Servings for 550 calories per meal	Serving Size for 1600 calorie level
Protein – meat, fish, poultry, legumes, eggs, cheese	1 serving, 2 –3 ounces cooked edible	2 – 3 ounces = 1 serving
Vegetables	1-2 servings	½ cup = 1 serving 1 cup raw leafy vegetables = 1 serving
Fruit	1 serving	½ cup = 1 serving
Bread or Grain	1-2 servings (½ be whole grain)	1 slice Bread – 1 serving ½ cup of rice or pasta = 1 serving
Low-fat milk or milk alternate	1 serving	1 cup or equivalent measure
Fat	Optional	
Dessert	Optional – limit sweets, use fruit	Select foods high in fiber and low in fat and sugar

Protein. At least 14 grams must be provided. Legumes should not be counted as both vegetable and protein. Providers may use other protein sources such as those in the vegetarian meal to meet the protein requirements.

Vegetables. Vegetables as a primary ingredient in soups, stews, casseroles, or the combination dishes should total ½ cup per serving and raw leafy vegetables (salads) should equal 1 cup if they are to be considered a serving.

Fruit. A serving of fruit is generally a medium sized whole fruit, ½ cup fresh, chopped, cooked, frozen or canned, drained fruit, or ½ cup 100 percent fruit juice. Fresh, frozen, or canned fruit should be packed in juice, light syrup, or without sugar.

Breads/Grains. One-half of the daily intakes of grains should be from whole grains. Grains that are processed (not whole) must be fortified.

Milk. Each meal shall contain 8 ounces of fortified skim, low fat, or buttermilk. If religious preference precludes the acceptance of milk with the meal, it may be omitted from the menu; however, an equivalent substitute must be used.

Fat. Fat is optional. Fat may be used in food preparation or served as an accompaniment to the meal. Fats and oils are part of a healthy diet, but the type of fat makes a difference to heart health, and the total amount of fat consumed is also important. **No trans fat** shall be used in the meal preparation or have a more than 0.5 grams value in one serving of the foods. Food labels for all food or food additives containing oil or shortening shall be kept for as long as the food is stored, distributed, served, or used in the preparation of any food. The menus should reflect less than 10 percent of calories from saturated fatty acids and provide no trans fatty acid. Total fat should be between 20 to 35 percent of calories, with most fats coming from sources of polyunsaturated and monounsaturated fatty acids. When selecting and preparing meat, poultry, dry beans, and milk or milk products, make choices that are lean, low-fat, or fat-free.

Dessert. Dessert may be provided as an option to satisfy the calorie requirements or for additional nutrients. Use fruit as a dessert as often as possible and limit sweets. The fruit, grains, and dairy products served as dessert can count towards the fruit, grain, or dairy requirements. Desserts that are low in fat and/or low in sugar are encouraged.

Condiments and Product Substitutes. Sugar substitutes, pepper, herbal seasonings, lemon, vinegar, non-dairy coffee creamer, salt, and sugar may be provided, but should not be counted as fulfilling any part of the nutritive requirements. Condiments such as salad dressings, ketchup, soy sauce, mustard, and mayonnaise, do not need to be counted in a menu analysis if they are served “on the side” and are not combined with the food.

Sodium. Use low sodium versions of high sodium foods when available and feasible within budget allowances. Do not provide potassium chloride salt substitutes. Use foods that are a good source of potassium on the menus to provide maximum benefit to the participants.

Other Menu Requirements

1. A minimum of a 5-week cycle of menu shall be planned.
2. Menus shall be approved by a registered dietician (R.D.) and submitted to the AAA two weeks prior to use, to allow for review and certification by AAA Nutrition Consultant.

3. A minimum of a week's menu shall be posted in a spot conspicuous to participants at each congregate meal site as well as in the preparation area.
4. Menus posted shall be legible, easy to read and in the languages of the participant group.
5. Menu items high in sodium (more than 1,000 mg) shall be highlighted so that participants are properly informed.
6. Meals shall be served as indicated on menus certified by AAA Nutrition Consultant. Substitutions shall be approved by the program nutritionist or program director and kept on file for audit purposes

Nutrition Risk Screening Requirements

Program participant is required to be screened, on an annual basis, for his or her nutritional status using the nutrition risk-screening tool on the web-based consumer and service reporting application. Dietitians, nutritionists, physicians, and nurses could administer the screening on a one-on-one basis or in a group. Other staff or volunteer helping to administer the screening tool must be trained by dietitians or qualified nutritionists and have the training documented.

Nutrition Education Requirements

Each congregate meal site shall offer at least four (4) nutrition education sessions per year, one per quarter. Each HDM program participant shall receive at least four (4) sets of nutrition information per year, one per quarter. Nutrition education shall include topics in safety and sanitation, current facts and information that promote improved food selection, eating habits, nutrition, health promotion, and disease prevention practices. All nutrition education plans, activities, and materials shall be approved by the service provider dietitian or AAA Nutrition Consultant.

1. The nutrition education for congregate sites is defined as demonstrations, audio vide-visual presentations, lectures, or small group discussions. Handouts material may be used as the sole nutrition education component for the home-delivered meal participants as well as in conjunction with a congregate nutrition education presentation.
2. The purpose of nutrition education is to inform individuals about available facts and information, which will promote improved food selection, eating habits, nutrition, and health-related practices. These activities are designed to: Assist older persons in obtaining the best nutritional services available within their sources; Aid older persons in making sound food choices consistent with the Dietary Guidelines for Americans and the California Daily Food Guide, and in obtaining the best food to meet nutritional needs for the least money; Make older persons aware of community-sponsored health programs which encourage and promote sound nutritional habits and good health; and Assist older persons, where feasible, in the area of therapeutic diets as required by health or social condition.
3. Nutrition education services shall be provided by a dietitian or by personnel trained or approved by the dietitian. Dietetic students, interns, or technicians may provide nutrition education under the close supervision of a qualified dietitian. Coordination with community resource is encouraged.
4. It is recommended that anticipated expenses be included in the program budget. Printed and other visual materials shall be available on a continuing basis at congregate sites.
5. Nutrition education services shall be based on the particular need of congregate and home- bound older persons as determined by annual needs assessment and evaluation of service impact.
6. All nutrition education activities and evaluation shall be documented.
7. An annual nutrition education plan for all congregate sites and HDM routes shall be developed and submitted to the AAA for review one month prior to the first scheduled presentation. The plan shall include topics based on prior year's needs assessment, schedules, presenters, and presenters' qualifications

HACCP Safety and Sanitation Compliance Monitoring Requirements

Registered Dietitians (R.D.), individuals who are R.D.-eligible, or individuals who have current food safety certification shall conduct monitoring for the meal production and staging facilities, congregate meal sites, and home-delivered meal routes at least four (4) times a year to ensure safe food handling and sanitation practices and HACCP compliance from the point of food procurement to the point when the meal is delivered or served to the consumers. Monitoring report must include onsite technical assistance or in-service training provided to rectify deficiencies noted.

In-Service Training Requirements

A yearly written plan for in-service training shall be developed and submitted to the AAA for review one month prior to the first scheduled presentation. Annually, four (4) hours of food service in-service training shall be provided to all food service staff including kitchen staff, meal site coordinators, meal site servers, meal transportation drivers, HDM coordinators, and meal deliverers. Topics and content shall be approved by an R.D. and shall include at a minimum the following: food safety, prevention of food borne illness, food borne illness reporting, Hazardous Analysis Critical Control Point (HACCP) principles, accident prevention, OSHA, Material Safety Data Sheet (MSDS), emergency preparedness, fire safety, first aid, choking, elder abuse prevention and reporting, etc.

The provider dietitian shall review and approve the content of all in-service training prior to presentation. Those receiving the training shall evaluate in-service training sessions. Evaluations are to be maintained in provider files. Attendance records shall be maintained for in-service training.

HACCP Food Service Policies and Procedures Manual Requirements

Food service policies and procedures manual relevant to your proposed services shall be established, updated, and implemented for all phases of meal production and service delivery to ensure compliance with HACCP and CRFC requirements. This manual shall reflect the food service project design proposed in the RFP proposals. Content shall include at least the following: Employee and Volunteer Orientation Program, Employee and Volunteer In-Service Policy, Employee and Volunteer Safety, Menu Planning, Standardized Recipes, Nutrient Analysis, Food and Supplies Procurement, Inventory, Food Service Cost Control Procedures, HACCP Procedures for Food Preparation and Food Cookery, Portion Control, Sanitation and Infection Control, Food Borne Illness Incident Report Procedures, Personal Health and Hygiene, Hand-Washing Procedures, Food Handling, Food and Cleaning Supply Storage (e.g., dry goods refrigerated and frozen goods), , Temperature Monitoring Mechanism, Cleaning Schedules, Meal Forecast and Production including Handling of Leftovers at Production Kitchen and Meal Site, Dishwashing/Ware Washing Procedures and Temperature Monitoring Procedures, Pest Control, Waste Control, Disposal and Recycling Policies and Procedures, Chemical Safety and Storage, Material Safety Data Sheet (MSDS), Equipment Care and Cleaning, Caterer Selection Policy and Procedures (if appropriate), Emergency and Disaster Preparedness Policy and Procedures, Emergency Food Supply and Menus, Fire Prevention and Safety for Foodservice Workers, Special Diet Policy and Procedures (if appropriate), Consumer Grievance Policy and Procedures.

Program Income Requirements

Revenue generated from grant-supported activities must be identified as program income, which is to be used to increase the meal service level or facilitate access to meals service or other nutrition-related supportive services. Program income is:

1. Voluntary contributions received from a participant as a result of services. A suggested contribution rate must be approved by the AAA.
2. Income from usage or rental fees of real or personal property acquired with grant funds or funds provided under the Agreement with the AAA.
3. Royalties received on patents and copyrights from contract-supported activities.

4. Proceeds from sale of items fabricated under a contract or grant agreement.

Voluntary Participant Contribution Requirements

All participants shall be given the opportunity to contribute to the costs of the service. Providers may develop suggested contribution schedules. When developing such schedules, the income ranges of the older persons in the community, and the provider's other sources of income shall be considered. A sign indicating suggested contribution and guest fee amounts are to be posted near the contribution container in congregate meal locations.

Each participant shall determine the amount of his/her contribution. Contribution schedules shall not be used as a means test to determine eligibility for nutrition services. No older person shall be denied participation because of failure or inability to contribute. Providers shall assure the privacy of each participant relative to his/her contribution. Providers shall establish procedures to protect contributions from loss, mishandling, and theft. All contributions, including those for guest and staff meals, shall be used to increase the number of meals served, to facilitate access to such meals, and to provide other supportive services.

Reporting Requirements

Annual Reports:

1. Consumer satisfaction survey result, including all outcome measure indicators as stated in the contract
2. Annual output report including number of meals and unduplicated consumers served
3. Fiscal closeout report
4. Nutrition screening summary report
5. Health Department inspection reports for all kitchens and congregate sites
6. Nutrition education needs assessment

Quarterly Reports:

1. Nutrition education
2. Food service in-service training
3. Kitchen, meal site, and meal route safety/sanitation and program compliance monitoring

Service Objectives

The major purpose of service objectives is to measure quantity and structure of services. The objectives should state the target quantities and match the program services as indicated in the contract.

The following are service objective guidelines and represents minimum service objectives requested:

1. An annual average of at least 90% of total authorized number of meals will be provided.
2. An annual average of at least 90% of total unduplicated consumers authorized will be served.
3. 90% of total unduplicated consumers served will be screened for their nutritional risk status.

Outcome Objectives

The major purpose of outcome objectives is to measure quality and impact of services. The service provider is required to administer an Annual Consumer Satisfaction survey and implement other systems, as needed, to demonstrate and measure the impact, outcomes, or results of services. Both quantitative and qualitative analysis shall be applied to measure program efficiency and effectiveness. The following outcome objectives are minimum AAA standards. Additional outcome objectives, if needed, are to be included in the contract to demonstrate that program participants receive adequate nutrition essential for maintaining healthy aging and quality of life.

1. At least 90% program participants who respond to Annual Consumer Satisfaction survey will be satisfied with the quality of meals and services received.
2. At least 97% of meals prepared/purchased will be delivered to and consumed by program participants.
3. At least 75% of program participants will indicate that they have improved health and nutritional status after participation in the meal program and will report increased access to nutritious food and able to live independently.

Requirements for Congregate Meals

1. Providers shall operate 5 or more days a week (except in a rural area where such frequency is not feasible and a lesser frequency if approved by the State agency), provide at least one hot or other appropriate meal per day and any additional meals which the provider may elect to provide.
2. Providers shall be of sufficient size to ensure efficient and economical delivery of meals and other nutrition services and to ensure coordination with related programs.
4. Congregate meal site shall:
 - a. Have a valid health permit and a current health inspection certificate
 - b. Have a responsible person, paid or volunteer, who is designated to serve as the site manager, and holds a valid food safety certification or is directly supervised by an individual who has a valid food safety certification
 - c. Permit all participants to eat a leisurely meal
 - d. Be located, if possible, within walking distance of concentrations of older persons
 - e. Be free of architectural barriers which limit the participation of disabled persons. All facilities shall meet the requirements of the Americans With Disabilities Act
 - f. Give preference to those individuals in greatest economic or social need, with particular attention to low-income minority individuals
 - g. Be located in a facility where older persons will feel welcome and comfortable. The cultural and ethnic preferences of the older persons in the service area shall be take into consideration.
 - h. Have adequate lighting and ventilation, which meets all applicable local or state laws and building and fire codes
 - i. Provide restrooms that are clean, adequate, and well equipped
 - j. Provide separation between the dining and food preparation areas
 - k. Have equipment, including tables and chairs that are sturdy and appropriate for older persons. Tables shall be arranged to assure ease of access, a pleasant atmosphere and to encourage socialization.
 - l. Provide for appropriate table settings. Use environmental-friendly wares. If disposable ware is used, it shall be resistant to buckling and spillage, nonporous to prevent leakage, sanitary, and attractive. Utensils, such as forks, knives, and spoons must not melt, bend or splinter in normal use
 - m. Provide for celebration of special occasions by participants
 - m. Provide fire extinguishers that are inspected by the Fire Department within a year and instructions governing their use
 - o. Have an emergency plan developed and implemented; staff trained in emergency procedures.

Requirements for Home-Delivered Meals

1. Home-delivered meal providers shall operate 5 or more days a week (except in a rural area where such frequency is not feasible [as defined by the AAA Board or by regulation] and a lesser frequency if approved by the State agency), provide at least one home-delivered hot, cold, frozen, dried, canned, or supplemental foods (with a satisfactory storage life) meal per day and any additional meals which the provider may elect to provide.
2. Where feasible and appropriate, providers shall make arrangements for the availability of

- meals to older persons in weather-related or other types of emergencies.
3. With the consent of the older person or their representative, providers shall notify appropriate officials regarding conditions or circumstances, which place the older person, or the household, in imminent danger.
 4. Providers shall develop and implement procedures for screening and assessing the need for service of each eligible client.
 - a. Criteria shall be established and used in a screening assessment to determine those individuals who are eligible to receive home-delivered meals.
 - b. Initial screening and assessment to determine eligibility can be accomplished by telephone.
 - c. Program participant must receive an in-home comprehensive assessment, within two (2) weeks of beginning meal service to determine his or her eligibility and the need for a home-delivered meal, and thereafter on an annual basis to re-assess the need. The comprehensive assessment covers physiological, socioeconomic, and psychological factors including the acute or chronic disease, syndromes or conditions, limited functional ability and family/support system.
 - d. Reassessment of need shall be determined no less than quarterly. Such reassessment shall be done in the home of the participant at least every other quarter.
 - e. Qualified staff shall be appropriately trained in screening and assessment policies and procedures.
 - f. A periodic check shall be made to ensure that meals have been consumed.
 - g. To the extent possible, participants shall be screened for need for other services and referred as appropriate.
 5. After a meal has been home-delivered, food safety is the responsibility of the participant, and the meal may be consumed as he/she thinks may be appropriate. Program shall encourage participants to consume the (hot) meal when delivered and educate them regarding the sources and prevention of food borne illness. Program shall provide heating instructions and expiration date of the meals if frozen meals are delivered.
 6. Special diets may be delivered, where feasible, appropriate and approved by the AAA.

Guidelines for Special Diets

1. There services must be under the supervision of a registered dietitian. Written procedures for special diets must be established, such as who is responsible for reviewing the doctor's diet order, if any, designating the meal, what is the mechanism for changing the client's diet order, what is the procedure for handling diets which the provider cannot provide, etc. There shall be system to double-check meal designation in order to avoid errors.
2. Clients receiving special diets may receive nutrition counseling to validate that they have the capability to remain on the diet for meals not provided by the provider. Nutrition counseling shall be documented.
3. There shall be written guidelines for various special diets and how to identify different diets for delivery.

Food Procurement Requirements

1. All foods shall be of good quality and shall be obtained from sources that conform to Federal, State, and local regulatory standards for quality, sanitation, and safety.
2. Food in hermetically sealed containers shall be processed in a licensed establishment. No home-prepared or home-canned food shall be used.
3. Food from broken containers, unlabeled, rusty, or leaking cans or cans with side seam dents, rim dents, or swells shall not be used.
4. Milk shall be purchased from a reliable source whose standards of quality, sanitation, and safety comply with Division 15 of California Food and Agricultural Code. All milk products used and

served shall be pasteurized.

5. All food contributions shall meet the standards of quality, sanitation, and safety set forth in this manual. Fresh fruits and vegetables of good quality may be contributed to the program. Prior to use, all fruits and vegetables shall be washed to remove dirt or insecticide residues. The program shall not accept contribution of wild game. Fresh ocean going and frozen fish may be accepted.
6. To the extent feasible all procurements shall be transacted in accordance with these standards. Providers are encouraged to participate in group food purchasing to the extent allowed by the above standard.
7. A comparative cost analysis shall be performed either by the provider or its group purchasing organization on an ongoing basis to obtain the highest quality food for the lowest price available.

Food Storage Requirements

1. Adequate and suitable space free from dirt, vermin and contamination or adulteration shall be provided for the storage of food, beverages, and cooking, serving, and eating utensils.
2. The dry storage area shall be cool, dark, well-ventilated, clean, orderly, and free from leakage, insects, rodents, and vermin, or other contamination. It shall have at least 10 foot-candles of light. It is recommended that the temperature of the dry storage area be maintained at 50-70 °F.
3. Inventory systems shall be established and used. Stored goods shall be rotated to prevent deterioration. The first-in-first-out food rotation system shall be maintained.
4. All foods shall be stored at least 6 inches above the floor, 18 inches from the ceiling and away from the wall to permit free circulation of air and prevent contamination.
5. All food and non-food items shall be clearly labeled so that their contents are easily identifiable.
6. All chemicals and cleaning supplies shall be stored in an area separate from food.
7. Opened packages of foods, such as sugar, flour and noodles shall be stored in tightly closed containers and clearly labeled on the main part of the container.
8. Windows shall be screened to prevent insect invasion. Open doors shall be screened or equipped with self-closing devices or high velocity fans when left open for extended periods of time, e.g., during delivery times.
9. Street clothing and purses shall be stored in an area separated from toilets, food, paper, goods, utensils, kitchen equipment, and other supplies used in the preparation or service of food.
10. Refrigerators and freezers shall be kept clean and in good repair. All refrigerators shall maintain a maximum temperature of 40 °F. All freezers shall maintain a maximum of 0 °F. An accurate and readily visible thermometer shall be installed in all refrigerators and freezers.
11. Refrigerators and freezers temperature log shall be maintained daily when ENP meals are served and posted in the kitchen in a visible location near the refrigerators/freezers.

Food Production Requirements

Food production and meal service shall be under the supervision of a person trained in food service management and certified according to CRFC to ensure HACCP procedures are followed. All frozen meat, fish, poultry, shellfish, and frozen products containing these foods shall be kept frozen until processing or cooking begins; defrosted in the refrigerator; or defrosted in cold running water of sufficient velocity to flush loose food particles into the sink drain.

1. **Food Production Kitchens**
Have a valid health permit and a current health inspection certificate. Have a responsible person with valid food safety certificate overseeing the kitchen.
2. **Production Control**

- a. Production schedules or worksheets shall be available in the food preparation area.
 - b. Food shall be prepared in sufficient quantities to serve all participants. Careful planning shall minimize leftover food and prevent waste.
 - c. Standardized recipes shall be used to ensure consistency of quality and quantity and adherence to menu guidelines.
 - d. Appropriate utensils for correct and consistent portion control shall be available and used at each site.
3. Sulfites shall not be added to fresh fruits, vegetables and potentially hazardous foods at the food production kitchen.
 4. Ground beef products shall be cooked to heat all parts of the food to at least 155 °F for 16 seconds or until the meat is no longer pink and the juices are clear.
 5. Potentially hazardous food shall be cooled rapidly from 135°F to 41°F or below within a total of 6 hours and during this time the decrease in temperature from 135°F to 70°F shall occur within 2 hours.
 6. No oil, shortening, or margarine containing artificial trans fat shall be used in meal preparation. Food label shall be maintained for all food or food additives that is or includes any fat, oil, or shortening for as long as the food is stored, distributed, served, or used in the preparation of food.
 7. Home-Delivered meals not assembled for same day delivery shall be packaged within 2 hours from the completion of preparation; and immediately refrigerated or frozen after packaging.
 8. Frozen Meals produce in the production kitchen which are not commercially prepared shall:
 - a. Be prepared and packaged only in a central kitchen or on-site preparation kitchen;
 - b. Be packaged within 2 hours of the end of food production. At the time of packaging, hot foods shall be at least 140 °F and cold foods at 40 °F or below;
 - c. Be frozen as quickly as possible, and assured that they have been cooled to a temperature below 40 °F within 4 hours;
 - d. Have food temperatures taken and recorded at the end of food production, at the time of packaging and throughout the frozen process. Temperature shall be recorded and kept on file for audit;
 - e. Be packaged in individual trays, properly sealed, and labeled with the date, contents and instructions for storage and reheating;
 - f. Be frozen in a manner that allows air circulation around each individual tray;
 - g. Be kept in a frozen state throughout storage, transport and delivery to the senior participant; and
 - h. Be discarded after 30 days.

Meal Service Requirements

1. Food Transport

All food for congregate and home-delivered meals shall be packaged and transported in a manner which protects it from potential contamination, including dust, insects, rodents, unclean equipment and utensils, and unnecessary handling. Assembling and transport equipment shall be capable of supporting or maintaining appropriate food temperatures.
2. Temperature Maintenance

Hot food shall be maintained at or above 140 °F and cold food shall be maintained at or below 40 °F throughout the meal service period or until delivered to the homebound participant.
3. Systematic Temperature Checks
 - a. Congregate food temperatures shall be taken daily at the end of production, upon delivery and at the time of service.
 - b. Home-delivered meal food temperatures shall be taken:
 - (1) Daily at the end of production and at the time of meal assembly/packaging;
 - (2) On a regular basis not less than twice a month at the end of each delivered route; and

- (3) End-of-route temperatures not meeting temperature requirements shall have temperatures taken not less than weekly until the problem is corrected.
 - c. A copy of the temperature records shall be returned to the provider for monitoring and review by management. Records of all temperature checks shall be kept on file for review by AAA Nutrition Consultant.
 4. Holding time
To maintain quality in prepared foods, holding times shall be kept to a minimum. Long periods of holding hot foods at required temperatures diminish the nutrient content and the palatability of foods.
 - a. Temperatures of food during the holding time shall be maintained at 140 °F or above for hot foods and 40 °F and below for cold foods.
 - b. Holding time between the end of production and the beginning of food service at the congregate site or the delivery of the last home-delivered meal, shall not exceed 2 hours.
 - c. Home-delivered meal holding time may be extended to 3 hours for isolated and remote locations which cannot be accessed in 2 hours, if approved by the AAA. Required temperatures shall be maintained.
 - d. Frozen home-delivered meals may exceed the 2-hour holding time when the food is maintained in a frozen state until delivery.
 - e. Cold home-delivered meals may exceed the 2-hour holding time when food is maintained at or below 40 °F until delivery.
 5. Milk and products resembling milk shall be provided in individual, commercially-filled containers, Or shall be poured directly from commercially-filled bulk containers into the glass or cup from which it is consumed.
 6. Single service utensils and tableware shall be used one time only and then discarded.
 7. Appropriate food containers and utensils for blind and disabled participants shall be available on request or other assistance provided.

Sanitation Requirements

State and local health, sanitation and safety regulations, applicable to the particular types of food preparation and meal delivery systems used by the project shall be followed in all stages of food service operations. Meals shall be produced and served at premises, which have valid permits, licenses, or certificates.

1. The health permits shall be posted at each congregate site and production kitchen.
2. Annual inspections by local health officials shall be secured for all kitchens and sites.
3. Photocopies of all initial inspection certificates and health permits shall be forwarded to AAA prior to the commencement of site operations. The originals of all sanitation reports are to be retained in project files for 2 years.
4. Photocopies of all renewal inspection certificates shall be forwarded upon receipt to AAA.
5. Copies of all sanitation reports shall be submitted to AAA.
6. Dish washing facilities and techniques shall comply with local and State Health Department regulations. Domestic dish washing machines may be used if they comply with sanitation regulations. Written approval by the AAA should be obtained before purchasing any equipment.
7. All new and replacement equipment shall meet or be equivalent to applicable National Sanitation Foundation (NSF) standards, or in the absence of such standards, be approved by the local health department.
8. All programs shall provide facilities and equipment necessary to properly store or dispose of all waste material.
9. All food waste and rubbish containing food waste shall be kept in tight, non-absorbent, rodent-

proof containers, covered with close-fitting lids. Trashcans in food production areas shall be kept covered, except during production time. Waste containers used for storing garbage shall be maintained in a clean and sanitary condition.

10. Cleaning schedule and procedures shall be posted and followed at all kitchens and meal sites. Cleaning schedules are to include what is to be cleaned, frequency of cleaning, how it is to be cleaned and who is to do the cleaning.

Employee Health Standards

1. **Communicable Diseases.** All food handlers and servers shall be free of communicable disease. If an employee or volunteer is believed ill or a carrier of a communicable disease, she/he shall be restricted from performing food preparation and service activities. Clearance from a physician may be requested by the provider prior to permitting the employee to return to work.
2. **Clothing, Head Coverings.** All food handlers and servers shall wear clean, washable clothing, close-toed protective footwear, and hairnets, caps, or other suitable hair coverings to prevent contamination of foods, beverages and/or utensils.
3. **Tongs, Disposable Hand Coverings.** All food handlers and servers shall use tongs or other implements while serving food. If hand contact with the food is unavoidable, disposable hand coverings shall be worn.
4. **Tobacco.** All food handlers and servers are prohibited from using tobacco in any form while preparing, handling, or serving food or beverages. Tobacco shall not be used in any form in any room or space used primarily for the preparation or storage of food. Projects shall post and maintain “No Smoking” signs in such rooms or places.
5. **Hand Washing.** All food handlers and servers shall thoroughly wash their hands prior to beginning work, after using the toilet, and every time hands are soiled. Hand washing facilities in good repair and equipped with hot and cold running water shall be provided for employees within or adjacent to the food preparation area. A permanently installed detergent or soap dispenser and single use paper towels or hot air blowers shall be provided at or adjacent to all hand washing facilities. Legible signs shall be posted in each toilet room directing employees that they shall wash hands with soap before returning to work.

Leftover Meals Requirements

Potentially hazardous leftovers shall be discarded unless the procedures outlined below are followed. Potentially hazardous foods (PHF) are capable of supporting rapid and progressive growth of microorganisms, which may cause food infections or food intoxications. PHF include, but are not limited to, fresh eggs; most main dishes and gravies; cooked vegetables and starches such as cooked rice, potatoes, and beans; creamed dishes; desserts made chiefly from milk and eggs such as puddings and cream pies; and salad dressings with a low acid content. Foods with a low protein, low moisture, high sugar or salt content, or which are acidic, are not considered hazardous (e.g. canned fruit, vinegar-based salad dressings, breads and rolls).

1. **Site Prepared Leftovers.** Leftovers from food which has been prepared at a site shall be handled and used in the following manner:
 - a. All leftovers shall be covered, labeled, and dated;
 - b. All leftover foods shall be brought to an internal temperature of 40 °F within 4 hours. Hot food should be placed in shallow containers no more than 4 inches deep, and refrigerated to allow for air circulation around the container;
 - c. Refrigerated leftover food shall be used within 2 days. Frozen leftovers held at 0 °F shall be used within 30 days;

- d. Reheating of all leftover foods shall occur rapidly to an internal temperature of 165 °F for 15 seconds;
 - e. Priority shall be given to serving leftovers as seconds to congregate participants; and
 - f. Leftover meals cannot be counted as additional participant meals nor are they eligible for AAA reimbursement.
2. Satellite Site Leftovers. Central kitchen or caterer prepared foods transported to a satellite site shall be handled and served in the following manner:
 - a. Food shall be served and consumed at the site;
 - b. Food which has been transported to the site and not eaten shall be discarded unless it is in the original unopened containers, and been maintained at proper temperatures. Such items are canned juice, fresh fruits, vegetables, milk, bread, etc.;
 - c. Priority shall be given to serving leftovers as seconds to congregate participants; and
 - d. Leftover meals cannot be counted as additional participant meals nor are they eligible for AAA reimbursement.
 - e. Satellite leftover meals shall not be used for home-delivered meals.
 3. Central Kitchen Leftovers. Leftovers from a central kitchen or catered prepared foods are to be handled according to relevant sections above.
 4. Foods Taken from Sites. Employees, volunteers, or participants shall not take un-served leftover foods from kitchens or sites. The meals that are packaged and sent to ill congregate participants shall follow procedures below:
 - a. Providers shall establish procedures to identify and track meals sent to congregate participants who are ill.
 - b. After 5 consecutive days of receiving a meal, the congregate meal is to be discontinued and the participant assessed for home-delivered meal service.
 - c. If a provider has a waiting list for home-delivered meals, an individual may continue to receive a congregate meal upon assessment of the need by the provider and approval by AAA
 - d. Providers shall educate food service staff and volunteers on proper handling of these meals to ensure the food safety of meals sent to ill congregate participants.
 5. Safety of the food after it has been served to a participant and when it has been removed from the congregate site is the responsibility of the recipient and may be consumed as that participant deems appropriate. Providers shall post signs stating that:

“For health reasons, taking out potentially hazardous food is not recommended. Doing so is at your own risk.”
 6. Reservation System to Prevent Excessive Leftovers

Providers must establish operational procedures for estimation of the number of meals to prepare and serve and the amount of food to purchase so that leftovers shall be kept to a minimum. To help reduce the number of leftover meals, it is recommended that providers use a reservation system. Use of such a system shall not exclude eligible participants who have not made a reservation.

Contributed Food and Equipment Requirements

All food contributions accepted by the project shall meet the standards of quality, sanitation and safety set forth in this manual. Food prepared or canned in private homes may not be used in meals provided by the projects financed under nutrition funds. Only commercially prepared or canned foods may be used. Fresh fruits and vegetable of good quality may be contributed to the project.

Food Service Contract Provisions

Food service contracts are hereby defined as contracts for the purchase of meals, portion of meals or for food preparation. All recipients of grants shall adhere to all of the standards set forth in Title 45, Part 74, Subsection P and policies set forth by the AAA. The food service contract shall become part of the service contract with the AAA.

Nutrition Counseling

Nutrition counseling is defined as the provision of individual dietary evaluation and counseling provided for specific therapeutic needs. Nutrition counseling is an appropriate nutrition service and shall be provided when feasible. Nutrition counseling may be made either in person or by phone. The program dietitian shall provide this counseling. A diet order written and signed by a physician shall be on file. All nutrition counseling shall be documented and maintained in project file.

Nutrition Risk Screening

The nutrition screening questionnaires shall be administered at the congregate nutrition sites, senior centers, homes of the homebound seniors and other community settings that house AAA Congregate Meal and Home-Delivered Meal programs, by social workers, dietitians, nutritionists, nurses, home-delivered meals' coordinators, caretakers, congregate site managers/coordinators, other qualified individuals, or seniors themselves. Methods of the checklist administration will include an in-person interview, telephone interview, self-administered with or without supervision and by mail. If the screening survey is done in a group setting at a congregate nutrition site by qualified individuals as approved by the AAA, the session could be counted as meeting one unit of nutrition education services. If the screening is done for home-delivered meal clients, it could be counted toward meeting the home-delivered meal assessment or reassessment requirement provided it be performed by qualified individuals as approved by the AAA.

Client Grievance and Complaint

The provider shall establish a Client Grievance and Complaint protocol according to the needs of the program and the AAA's grievance and complaint policy. The policy shall indicate a time frame within which a complaint will be acknowledged. The time frame shall not exceed two (2) working days after receipt of the complaint. The acknowledgement letter will clearly state the grievance levels within the agency.

A written notification shall be issued to the complainant stating the results of the review within ten (10) working days of the receipt of the complaint. If more than 10 working days are required to review the case, a written letter shall be issued to the complainant regarding the proposed timeline of the review decision within 30 days of the receipt of the complaint.

The time frame to resolve a complaint at the nutrition provider level shall be no more than 30 days from the date of receiving a complaint. All notifications to the complainant shall include a statement that the complainant may appeal to the Area Agency on Aging if dissatisfied with the results of the nutrition provider's review.

The grievance process shall include confidentiality provisions to protect the complainant's right to privacy. Only information relevant to the complaint may be released to the responding party without the consent of the complainant. The complaint has a right to remain anonymous but will need to provide an address for written correspondences. An e-mail address is acceptable.

Elder Abuse Reporting

The provider shall comply with California Elder and Dependent Adult Abuse Reporting Law (15630 W&I) to report suspected dependent adult/elder abuse to the local County Adult Protective Services or Ombudsman.

All staff including paid and volunteer must report the abuse if staff has knowledge of an incident that reasonably appears to be one of the types of abuse listed below, or reasonably suspect abuse. The types of abuse include all of the following: Physical abuse, abandonment, isolation, financial abuse and neglect including self-neglect.

The abuse must be reported immediately or as practically possible by phone, with a written report following within two working days. Failure to report abuse of an elder or dependent adult, in violation of the mandated reporting law, is a misdemeanor, punishable by not more than six months in the county jail or by a fine of not more than \$1,000, or by both that fine and imprisonment. Any mandated reporter who willfully fails to report abuse, where that abuse results in death or great bodily injury is punishable by not more than one year in the county jail or by a fine of not more than \$5,000, or by that fine and imprisonment, according to the Law.