Policy and Procedures for Nutrition Services
# TABLE OF CONTENTS

## Chapter One  
**Overview**

Older Americans Act, NSIP, Senior Community Services Block Grant, Lucas County Senior Services Levy, PASSPORT, SFMNP, AOoA Background, AOoA Mission Statement, AOoA Responsibilities

## Chapter Two  
**Nutrition Provider Responsibilities**

- Policy 301  
  Senior Dining Site Criteria
- Policy 302  
  Eligibility Procedures for Senior Dining Sites
- Policy 303  
  Reservation and Registration for Senior Dining Site Facilities
- Policy 304  
  Home Delivered Meal Eligibility Procedures
- Policy 305  
  Confidentiality
- Policy 306  
  Participant Rights and Responsibilities
- Policy 307  
  Menu/Meal Procedures
- Policy 307.05  
  Soup and Salad Bar Procedures
- Policy 308  
  Level of Meal Service Procedures
- Policy 309  
  Meal Service Procedures
- Policy 310  
  Food Production Procedures
- Policy 311  
  Sanitation/Cleaning Procedures
- Policy 312  
  Safety and Emergency Situations Procedures
- Policy 313  
  Monitoring and Inspection Procedures
- Policy 314  
  Records and Documentation
- Policy 315  
  Purchase of Service
TABLE OF CONTENTS

Policy 316 Nutrition Contractor Selection Process
Policy 317 Compliance Requirements
Policy 318 Communications
Policy 319 Staffing Requirements
Policy 320 Outreach
Policy 321 Other Nutrition Programs: Nutrition Education, Diabetes Education, Nutrition Counseling, Nutrition Screening and the Senior Farmers’ Market Nutrition Program
Policy 322 Subcontracting

Appendix

Overview

The Area Office on Aging of Northwestern Ohio, Inc. (AOoA) is responsible for the development and implementation of a comprehensive and coordinated service delivery system for older adults residing in PSA (Planning and Service Area) 4 encompassing the 10 counties of Northwestern Ohio. The AOoA’s Policy and Procedures for Nutrition Services outlines core elements required for the utilization of the following funds:

A) Older American Act (OAA) under Title III-C for nutrition services and III-D for disease prevention and health promotion services
B) Nutrition Services Incentive Program (NSIP)
C) State of Ohio: Senior Community Service (SCS)
D) Lucas County Senior Services Levy
E) Preadmission Screening System Providing Options and Resources Today (PASSPORT) for Nutrition Services, and
F) Senior Farmers’ Market Nutrition Program (SFMNP).

The Ohio Department of Aging’s policies, whose purpose is to provide direction to Area Agencies on Aging while developing policies and procedures for their respective PSAs, have been used as guidance for developing the nutrition services standards for PSA 4. In administering nutrition programs funded through the AOoA, all nutrition contractors shall comply with the policies as set forth in the AOoA’s Policy and Procedures For Nutrition Services.

The AOoA’s Policy and Procedures For Nutrition Services shall supplant all previously dated Minimum Standards for Nutrition Services. The AOoA’s Policy and Procedures For Nutrition Services supplement the nutrition services contract between the AOoA and the nutrition contractor; however, the contract shall govern to the extent there is any inconsistency between the AOoA’s Policy and Procedures for Nutrition Services and the nutrition contract. The typical contract period is Jan 1-Dec 31.
Older Americans Act

The OAA was established in 1965 to provide older Americans increased opportunities for participating in the benefits of American society. The OAA clearly affirms the nation’s sense of responsibility toward the well being of all older citizens. In addition to creating the Administration on Aging (AoA), it authorized grants to states for community planning and services programs, as well as research, demonstration and training projects in the field of aging. Later amendments to the OAA added grants to Area Agencies on Aging (AAA) focal needs identification, planning, and funding of services, including but not limited to nutrition programs in the community as well as for those who are homebound; programs which serve Native American elders; services targeted at limited income minority elders; health promotion and disease prevention activities; in-home services for frail elders; and those services which protect the rights of older persons, such as the Long Term Care Ombudsman Program (LTCOP).

The OAA has been reauthorized 14 times since 1965. The OAA Amendments of 2000 were signed into law on November 13, 2000. Public Law 106-501 extends the OAA’s programs through FY 2005.

Title I
Declaration of Objectives and Definitions—This title introduces the purposes and goals on which the OAA’s policies and programs are based. It provides a statement of the nation’s commitment to assuring the well being of older persons.

As originally incorporated, the OAA provided ten broad policy objectives, aimed at improving the lives of older adults in the United States by providing the following:

A) An adequate income in retirement
B) The best possible physical and mental health which science can make available and without regard to economic status
C) Obtaining and maintaining suitable housing
G) Opportunity for employment
H) Full restorative services for those who require institutional care
I) Retirement in health, honor, and dignity
J) Pursuit of meaningful activity within the widest range of civic, cultural, and recreational opportunities
Title II
Administration on Aging (AoA)—This title established the AoA within the Department of Health and Human Services under the direction of a commissioner, who must be appointed by the president with the advice and consent of the Senate. The OAA was amended in 1993 to officially upgrade this position to the Assistant Secretary for Aging. Included among AoA’s duties and functions are to serve as an effective and visible advocate for older individuals; collect and disseminate information related to problems of the aged and aging; administer grants; conduct evaluation of programs; provide technical assistance and consultation to states; and stimulate more effective use of existing resources.

Title III
Grants for State and Community Programs on Aging — The largest program under the OAA, this title lays out responsibilities and requirements for State Agencies on Aging (SAA) and AAAs. It is through the programs and structures established by this title that most of the money is authorized and most of the legislative detail is found.

Part A—General Provisions
The purpose of this title is to encourage and assist SAAs and AAAs to foster the development and implementation of comprehensive and coordinated systems to serve older individuals. This part sets forth authorization levels and details the formula by which AoA funds are allotted to states. For a state to participate under Title III, the governor must designate a state agency as the sole agency to put forth a plan for developing and implementing a statewide aging program. The state agency is responsible for serving as an effective and visible advocate for the elderly.

The OAA mandates that services be directed to those persons 60 years of age or older, who are in the greatest social and economic need. To the maximum extent feasible, the following client groups shall be given preference:

A) Older individuals residing in rural areas
B) Older individuals with greatest economic need (with particular attention to limited income minority individuals)
C) Older individuals with greatest social needs (with particular attention to limited income minority individuals)

D) Older individuals with severe disabilities

E) Older individuals with limited English-speaking ability

F) Older individuals with Alzheimer’s disease or related disorders with neurological and organic brain dysfunction (and the caregivers of such individuals)

Part B—Supportive Services and Senior Centers
The OAA and Title III is the only federal supportive services program directed solely toward improving the lives of older people. Under current law, all service providers funded under Part B must follow priorities established by the AAAs and approved by the SAA for serving the rural elderly, those with the greatest economic and social need including specific objectives for limited income minority older persons.

Part C—Congregate and Home Delivered Nutrition Services
Millions of older adults are malnourished. Adequate nutrition is necessary to maintain cognitive and physical functioning, to reduce or delay chronic disease and disease-related disability, and to sustain a good quality of life. The OAA provides for the establishment and operation of nutrition projects both in a congregate setting and for homebound individuals. The nutrition program is more than a meal. It provides nutrition education, counseling, and screening, and often is the gateway to many other services. For many older persons the meal provides not only an opportunity for socialization, but it may be the only meal that person eats for the day.

Title III-C establishes a network to provide nutritious meals, provides 1/3 Recommended Daily Allowance (RDA), to older persons at senior dining sites or in homebound clients’ homes. The law provides that the programs serve at least one meal per day, five or more days a week, except in a rural area where such frequency is not feasible. (Dining site meals are known as C-1 meals and home delivered meals are referred to as C-2 meals.) The OAA requires that all Title III-C meals served must be high quality, nutritionally complete, and are prepared and served under safe and sanitary conditions in a manner that is cost effective.

Part D—Disease Prevention and Health Promotion Services
Health promotion is the process of enabling people to increase control over, and to improve their health. Disease prevention covers measures not only to prevent the occurrence of disease, but also to arrest its progress and reduce its consequences once established. Under this part, the SAA is required to provide disease prevention and health promotion services and information at senior centers, meal sites, and other appropriate locations. They must give priority
to areas of the state which are medically underserved and in which there are large number of older individuals who have the greatest economic need for such services.

**Please note:** The seven titles from the 1992 reauthorization remain intact under the Amendments 2000, however, two previously unfunded Parts, Title III-E—Additional Assistance for Special Needs of Older Individuals, and Title III-G—Supportive Activities for Caretakers Who Provide In-Home Services to Frail Older Individuals, along with the previous Title III-D, In-Home Services for Frail, Older Individuals, have been consolidated into Title III-B. Due to these consolidations, the former Title III-F, Disease Prevention/Disease Prevention Services, is now Title III-D.

**Part E—National Family Caregiver Support Program**
The enactment of the OAA Amendments of 2000 established an important new program, the National Family Caregiver Support Program (NFCSP). The State Family Caregiver Support Program (SFCSP) calls for all states, working in partnership with AAAs and local community-service providers, to have five basic services for family caregivers, including: information to caregivers about available services; assistance to caregivers in gaining access to supportive services; individual counseling, support groups, and caregiver training; respite care; and supplemental services.

**Title IV**
*Training, Research, and Discretionary Projects & Programs*—The goals of the OAA and the achievement of AoA service and performance outcomes are anchored in the application of research and evidence-based program design. Under this title, competitive grants or cooperative agreements are awarded to eligible public or private non-profit agencies, organizations, and institutions for innovations and projects of national significance. This includes SAAs, AAAs and other organizations representing and/or serving older people and their caregivers.

**Title V**
*Community Service Employment for Older Americans*—The purpose of this title is to foster and promote useful part-time opportunities in community service activities for unemployed limited income persons who are fifty-five years old or older and who have poor employment prospects. Unlike the other titles of this Act, Title V is administered by the Department of Labor.

**Title VI**
*Grants for Native Americans*—This program serves as the focal point for advocacy on behalf of older individuals who are Native Indians, Alaskan Natives, and Native Hawaiians. Supportive and nutrition services are
comparable to services provided under Title III. Services are provided in a manner that preserves and restores their dignity, self-respect, and cultural identities.

Title VII
Allotments for Vulnerable Elder Rights Protection Activities—While conditions for older Americans have improved remarkably since passage of the OAA, many older individuals still are denied their basic rights and benefits, and suffer abusive situations ranging from financial exploitation to severe neglect. Title VII was created by Congress in 1992 Amendments to the OAA to protect and enhance the basic rights and benefits of vulnerable older people.

The Ohio Department of Aging (ODA)

The ODA administers a variety of programs and services for older Ohioans, striving to enhance the image, independence and overall quality of life for the state’s older population. The agency began in 1966, subsequent to the 1965 OAA in recognition of the growing needs of a growing population. The ODA’s comprehensive and coordinated services use both federal and state funding to achieve their goals. Many of the programs and services offered by the ODA are called for under the OAA.

Services to older Ohioans are planned and distributed throughout the state by the ODA in conjunction with 12 AAAs. In 1973, these AAAs were established in Ohio to serve 12 corresponding Planning and Service Areas (PSA). PSA 4 serves older Ohioans in the 10 counties of Northwest Ohio-- Defiance, Erie, Fulton, Henry, Lucas, Ottawa, Paulding, Sandusky, Williams, and Wood Counties. In conjunction with the ODA, the area agencies are responsible for monitoring the needs of older Ohioans and developing area plans accordingly. These plans are designed to provide an array of comprehensive services and programs for older Ohioans, such as congregate meals, HDMs, housing, transportation, and health care.

Nutrition Services Incentive Program (NSIP)

NSIP is not a new program; it was authorized by Section 311 of the OAA of 2000, as amended, and has been authorized in one form or another under the OAA since 1978. Until 2003, the program was administered by the United States Department of Agriculture (USDA), which provided cash and/or commodities to supplement meals provided under the authority of OAA. The Consolidated Appropriations Resolution, 2003, Public Law 108-7, amended the OAA to transfer the NSIP from USDA to the AoA within the Department of
Health and Human Services. The AoA will administer the program in compliance with the requirements of Section 311 of the OAA. The NSIP is intended to provide incentives to states and tribes for the effective delivery of nutritious meals to older adults. The NSIP supplements funding for food used in meals served under the OAA. The purpose of the funds is to enhance the senior dining site nutrition program and the home-delivered nutrition program for older adults. Meals counted for purposes of NSIP reporting are those that satisfy the requirements of Title III-C of the OAA.

NSIP funds are awarded to the ODA according to Ohio’s percentage of the national eligible meal total for the prior year. NSIP funds are awarded by the ODA to each AAA. All ODA policies apply to these funds.

**Senior Community Service Block Grant**

State funding for nutrition and supportive services comes from the SCSBG. This block grant, which must be reauthorized by the state’s General Assembly every two years, was created in 1991 out of separate budget appropriations for home delivered meals, transportation, home repair, and other small programs.

Funds from the SCSBG will be awarded by the AOoA on an annual and/or bi-annual basis. The purpose of these funds is to provide a range of community-based services that assist seniors in remaining independent in their own homes and communities. Allowable nutrition services that may be funded with SCSBG funds include providing one or more home delivered meals per day to homebound individuals.

**Lucas County Senior Services Levy**

Senior Services funds in Lucas County will be utilized to address the following five areas:

A. Nutrition  
B. Senior Services  
C. In-Home Care Services  
D. Alzheimer’s Day and Respite Care, and  
E. Facilities (Capital Improvement).

Prior to the passage of the Lucas County Senior Services Levy in 1991, local funds (within Lucas County) were secured through the Community Development Block Grant (CDBG) and the City of Toledo’s general fund.

**PASSPORT**
The PASSPORT program is a home and community-based services waiver program, which serves individuals who are sixty years of age or older; have a level of care required for placement in a long term care facility if the waiver program were not available; and meet the PASSPORT eligibility criteria and enrollment requirements as described in Chapter 5101:3-313 of the Administrative Code. Home delivered meals are a service designed to sustain and improve client’s health through the provision of one or two safe and nutritious meals per day. PASSPORT case managers shall make the determination if a client will receive one or two home delivered regular, mechanically altered or therapeutic meals per day or nutrition supplements based on a full assessment or reassessment of the client’s health and doctors orders.

To provide PASSPORT home delivered meals, nutrition contractor or other community-based service must be certified by the PASSPORT administrative agency as set forth in Rule 5101:3-31-10 of the Administrative Code and shall meet the PASSPORT conditions of participation. PASSPORT home delivered meal service shall abide by the PASSPORT program services specifications as set forth in Rule 5101:3-31-09 (E) of the Administrative Code.

Senior Farmers’ Market Nutrition Program (SFMNP)

The Senior Farmers’ Market Nutrition Program (SFMNP) is a grant from the USDA awarded to the ODA and the AOoA to provide fresh fruits, vegetables, and herbs to limited income senior citizens in Northwestern Ohio. The purpose of the SFMNP is to improve the nutritional health of limited income seniors and to increase business for local farmers. The program is open to anyone who is 60 years of age or older at time of application and has an annual income at or below 185% of poverty. Eligible seniors receive coupons from June to October to obtain fresh, locally grown fruits, vegetables, and herbs from registered participating farmers who sell produce at farmers’ markets or roadside stands. Eligible senior participants also receive a nutrition education handout upon each distribution of coupons.

The AOoA and ODA receive no administrative dollars to manage this program. The entire grant award received is disbursed to participating farmers upon submission of coupons the farmer has redeemed from eligible senior participants for fresh produce.

All distribution agents and participating farmers shall abide by the guidelines of the grant and be in compliance with the rules and regulations as set forth in the SFMNP Policy and Procedure Manual.
The AOoA was founded in 1974 by the Community Planning Council on NWO, Inc., a United Way planning agency. The AOoA was initially established to operate as a planning division. In 1979, the agency approached the Board of Trustees of United Way, Community Planning Council and the Ohio Commission on Aging, a.k.a., the ODA, for permission to organize as an independent, private, non-profit corporation to better serve the elderly. Approval was granted by all parties and the original organizers of the new corporation were: Henry L. Morse, J. Frank Troy, Elliot Miller, Duane Stranahan, Jr. and Billie Johnson.

In 1980, the agency was chartered under Ohio law as a 501 (c) (3) corporation. The corporation was established as a comprehensive agency for the elderly, responsible for planning, policy-making, funding, advocacy and direct programs/services for a 10 county region in Northwest Ohio. The corporation was not exclusively chartered as an “Area Agency on Aging.” Instead, it requested and received approval to retain the “area agency” designation previously granted by the Ohio Commission on Aging/ODA and expand the agency to a comprehensive Corporation, addressing the needs of the older population.

The following is a summary of the responsibilities that are set forth under the AOoA’s Charter and Articles of Incorporation:

- Serve as the focal point for leadership for regional planning and service development for programs on aging;
- Develop a comprehensive and coordinated system of services for older adults in Defiance, Erie, Fulton, Henry, Lucas, Ottawa, Paulding, Sandusky, Williams, and Wood Counties;
- Provide direct services to the elderly in areas where services are needed, and not available;
- Develop and implement a plan, approved by the Ohio Commission on Aging (or its successor under the OAA);
- Grant funds and resources to qualified, tax exempt or public bodies (to operate services and programs for older adults); and
- Seek, apply for, and make use of other grants and resources to enhance the daily living of older adults.

**Area Office on Aging: Mission Statement**

Area Office on Aging of Northwestern Ohio, Inc.
Service Provider Policy and Procedures Manual
Effective: 09/29/05
Overview.doc
The AOoA is responsible for the development and implementation of a comprehensive and coordinated service delivery system for older adults residing in Northwestern Ohio. The organization is responsible for regional, local planning and development of programs and services. To accomplish its mission, the agency assumes responsibility for:

1) Advocacy
2) Empowerment of older persons
3) Coordinating, monitoring, and evaluating all senior programs and services
4) Coordinating funding activities for programs and services

The AOoA also provides planning, resources, and support for the development of the service delivery system. Based on the groundwork laid by the OAA, with contributions of other federal, state, and local resources, this system is reaching thousands of older Northwest Ohioans and is in a strong position for the future.

**AOoA Responsibilities**

**Coordination:** The AOoA shall develop a comprehensive and coordinated service delivery system for the seniors of northwestern Ohio. The AOoA will effectively establish cooperative arrangements to coordinate with other organizations within northwestern Ohio.

**Monitoring, Evaluation and Technical Assistance:** The AOoA, according to federal and state regulations, will ensure adequate performance of all contracted Service Providers through monitoring, evaluating and providing technical assistance.

**Training:** The AOoA shall coordinate a comprehensive plan for the use of federal money to train service personnel in the aging network, as required under law. AOoA shall meet at least semi-annually with nutrition contractors and/or site managers.
POLICY 301  SENIOR DINING SITE CRITERIA

The AOoA’s goal is to develop and maintain senior dining sites throughout the ten counties of Northwestern Ohio. These senior dining sites must be established and maintained to serve unmet needs within communities.

PROCEDURE A  SENIOR DINING SITE CRITERIA

1. The senior dining site must be an accessible facility.
   a. Accessible is defined as a disabled participant being able to enter the facility, use the rest room, and receive service that is at least equal in quality to that received by able-bodied participants.
   b. New sites shall be accessible to individuals with disabilities and meet requirements of the Americans with Disabilities Act (ADA).

2. The site shall be in compliance with state and/or local fire and safety standards.
   a. Directions/instructions for personal safety in case of an emergency shall be reviewed with participants and procedures shall be posted.
      (1) This includes information on fires, tornados, and other severe weather conditions, choking (how to perform the Heimlich Maneuver), and emergency telephone numbers.
   b. All inspection reports of the site including fire marshal, safety, public works, and health department reports shall be forwarded to AOoA within five days of the site receiving the report. A written corrective action plan for any deficiencies should also be submitted.

3. The nutrition contractor shall maintain site cleanliness (including the restrooms), seating and table settings in good condition, floor and ceilings in good condition and good lighting.

4. In order to receive Title III-C and NSIP funds for meals provided, the nutrition contractor shall ensure all dining sites, including those offered at senior housing facilities, are open to the general public.

5. Hours of service and meal service times shall be posted at the site’s entry for participant information. When breakfast or evening meals are provided, the times of these meals shall also be posted.

6. Senior dining sites shall be a source of outreach to senior citizens.
a. An information center shall be provided in a convenient and easily accessible area. Information about a variety of senior services shall be provided. Such information shall include transportation, PASSPORT, Options program, Caregiver Support, Chore, Housing Repairs, a list of phone numbers for senior services, Diabetes Education Program, and the Senior Farmers’ Market Nutrition Program.

7. The nutrition contractor shall follow a written meal reservation procedure that does not create unnecessary barriers to the participation of eligible participants.

8. Each senior dining site shall provide at least one meal per day, five or more days per week, unless a specific site has authorization from AOoA to provide meals for less than five days per week.

9. Based on a calendar year, dining site meals shall be served a minimum of 248 days.

10. Menus shall be posted for participants’ information. The nutrition contractor shall ensure that participants are aware of and can easily access information about the ingredient content of meals.

11. The nutrition contractor may provide non-conventional service at designated sites upon written approval from the AOoA. Non-conventional service may include the use of frozen meal components, salad bars, ethnic meals, Kosher menu choices, restaurant voucher programs, family-style service, activities, and other creative and unique ideas that may enhance the service and encourage participation and fall within the limits of the contracted unit cost.

   a. The nutrition contractor shall submit a written plan to the AOoA for approval prior to any change in dining site service.

12. The nutrition contractor shall develop a procedure for the removal of food by participants at the end of a meal that allows clients to remove foods that are packaged and are not potentially hazardous (i.e. fresh fruit, packaged breads, crackers, cookies, and juice.)

13. Each senior dining site shall serve a minimum average of 15 eligible persons per day.
14. Nutrition contractors shall provide proof of compliance with all state and local health laws and ordinances concerning the preparation, handling, and serving of food.
   
a. The local public health department has the authority to determine that a senior dining site shall be closed based on its criteria contained in an inspection report.

PROCEDURE B CLOSING OR RELOCATING A SENIOR DINING SITE

1. The closing or relocation of senior dining sites for any reason (temporary or permanent) must be approved by the AOoA prior to the closing or relocation.
   
a. Determination shall be based on having exhausted all options for keeping the site open, or relocated, to serve the same targeted population if demographic data supports continued need for a site in that community.

   b. The AOoA shall determine if permanent closing of a meal site is justified and properly documented.

   c. If the site closing is approved, the nutrition contractor shall assure that the participants receive at least a one-month notice and efforts are made to transfer the participants to another site.

   d. Upon approval for relocation, meals, nutrition education, and outreach will be furnished, as appropriate, to any relocated site in accordance with the terms of the contract.

   e. The AOoA and nutrition contractor will equitably adjust the nutrition contractor’s fee for furnishing the service based on the actual cost of the new site furnishing the service.

2. If the local public health department has determined that a senior dining site shall be closed due to health code violations, the nutrition contractor shall:
   
a. Work with the health department to rectify any violations leading to the closing.

   b. Submit to AOoA a written corrective plan of action within five working days from the time of notification of closing. The plan shall outline the steps to be taken within 30 days, or the time frame established by the health department, to correct the
violation and receive another inspection report form the health department.

c. The AOoA may withhold funds from the nutrition contractor for the portion of the program associated with the closing.

PROCEDURE C ESTABLISHING A NEW SENIOR DINING SITE

1. The establishing of new senior dining sites shall first have permission and written approval by the AOoA.

   a. Priority for the opening of a new site will be based on the following:

      (1) Number of elderly in social and/or economic need in the area
      (2) Number of limited income minority elders in the area
      (3) Evidence of community support, such as, space, staff, etc.
      (4) Availability of volunteers
      (5) Lack of nutrition services to the area
      (6) Availability of other services from a multipurpose senior center, and
      (7) Evidence of funding, beyond OAA or Levy.

   b. Senior dining site locations shall fulfill the requirement of federal regulations to locate congregate nutrition services close to the majority of eligible older people and to have the location acceptable to the participants who will use them.

2. The request to open a new site shall contain the following items submitted in writing to the AOoA prior to the opening of the new dining site:

   a. Documentation of need
   b. Location of new site selected and a brief description on how it meets the site criteria
   c. A budget showing the cost of operation of a new site as it relates to the program budget and funding sources must be submitted prior to AOoA approval for site opening, and
   d. Staffing plan.
POLICY 302  
ELIGIBILITY PROCEDURES FOR SENIOR DINING SITES

Nutrition contractor shall ensure written eligibility criteria for senior dining site participants, and contributions for senior dining site meals are in compliance with the Policy and Procedures for Nutrition Services.

PROCEDURE A  PARTICIPANT ELIGIBILITY

1. A participant must be 60 years of age or older to be eligible for the elderly meals and nutrition program.

2. Regardless of age, the spouse of a participant who is 60 years of age or older is also eligible for the elderly meals and nutrition program.

3. Individuals with disabilities who reside at the home of the participant who is eligible for the elderly meals and nutrition program and attend with the participant are eligible to participate in the elderly meals and nutrition program on the same basis as the participant who is 60 years of age or older.

4. Individuals with disabilities, who reside in a senior housing facility at which elderly meals and nutrition services are provided, are also eligible for elderly meals and nutrition program.

5. Individuals who are under 60 years of age and provide volunteer services during meal hours shall be offered a meal on the same basis as meals are provided to elderly participants.
   a. Volunteer service means that a minimum of one hour of volunteer service is given on the day the meal is consumed.
   b. The volunteer is eligible for the senior contribution rate only on the days that volunteer services are performed. On these days volunteers are encouraged to make a voluntary, confidential contribution for the meal.
   c. Volunteers under 60 years of age who are providing assistance to the meal program through such programs as Workfare, Green Thumb, or Title V are not eligible for the senior contribution rate. These individuals are employees of the program that placed them at the meal site and are working for wages or services provided to them by that particular program.

6. Staff, employees, and volunteers who are 60 years of age or older may participate in the elderly meals and nutrition program on the same basis as an eligible senior.
7. Staff and employees under 60 years of age may choose to purchase an entire meal at the full contracted cost of the meal and advance reservations must be made.

PROCEDURE B  SENIOR DINING SITE ELIGIBILITY REQUIREMENTS

1. Senior dining sites shall be open to all seniors who meet eligibility requirements. When a senior dining site is housed in a senior housing complex, the program shall remain open to all participants who meet eligibility requirements regardless of whether they are a resident of the senior housing facility.

2. Senior dining sites shall follow a written meal reservation procedure that does not create unnecessary barriers to the participation of eligible participants.

   a. All eligible participants shall make advance meal reservations according to site procedures.

   b. Whether they qualify for eligible meals or not, staff, employees, or volunteers who would like to receive a meal shall make advance meal reservations.

PROCEDURE C  CONTRIBUTIONS FOR SENIOR DINING SITE MEALS

1. Eligible Senior Dining Site Participants—For a meal provided through the elderly nutrition program, there shall be no mandatory fee to any participant, volunteer, or staff who meets the participant eligibility requirements.

   a. No eligible participant shall be denied a nutrition service because of failure to contribute all or part of the cost of such service.

   b. Cost sharing and means testing shall not be conducted.

   c. Eligible participants shall determine for themselves what they are able to contribute toward the cost of the service.

   d. A suggested contribution toward the cost of the meal is requested. A sign stating the suggested contribution shall be posted in an appropriate place at the dining site.

   e. Contributions shall be voluntary and confidential for all eligible participants or volunteers.
POLICY 302  ELIGIBILITY PROCEDURES FOR SENIOR DINING SITES

(1) Contributions from individuals shall be handled in such a manner as to protect the privacy of each older person with respect to his/her contribution.

(2) List of contributors and their donations, as well as, copies of receipts with names shall not be kept.

f. NSIP funds cannot be used for meals with a set fee. Contributions may be collected, but only on an understood voluntary basis.

2. **Ineligible Persons**—Nutrition contractors shall develop a system for collecting payments for meals from ineligible persons who participate in the senior dining meal program.

   a. Ineligible participants are any person under 60 years of age and do not fall into any of the participant eligible categories as listed under Policy: 302 A. This includes nutrition staff, facility housing staff, volunteers, or guests of seniors.

   b. Nutrition contractor shall establish a required fee for ineligible persons. The required fee must cover the actual contracted cost of the senior dining site meal and shall be posted in an appropriate place at the dining site.

   c. Ineligible meals are not counted as a part of the maximum number of meals. Ineligible meals are reported as program income (PI) on financial reports.

   d. Meals shall be reimbursed to the nutrition contractor at the same rate as documented as collected as payment for the meal.

   e. An ineligible meal for NSIP is any meal with a set fee, such as private pay meal program.

3. **Staff, employees or volunteers under 60 years of age**—Staff, employees or volunteers who are under 60 years of age may purchase individual meal items instead of a complete meal, but only when it is assured that no senior has been denied a meal or a second serving.

   a. A sign listing individual meal items and the cost of each item shall be posted in each serving area/kitchen at the dining site.

   b. Staff, employees, or volunteers shall pay the site manager for the cost of items selected prior to consumption.
c. Staff, employees or volunteers shall not select any “leftover” items until all seniors have been offered the opportunity for second servings. These second servings shall not be counted as an additional eligible meal.

d. Staff selected meal item income shall be reported as program income (PI) on financial reports.

4. Publishing financial requests for meals—When publishing financial requests for meals in newsletters or other publications, the following procedure shall be followed:

a. The “cost” of a meal shall be referred to as a donation or suggested donation in all publications. A price per person shall not be listed by itself without stating “suggested donation of $__.”

b. In publications, the following language shall be used: No older person shall be denied a nutrition service because of failure to contribute all or part of the cost of such service. Older participants shall determine for themselves what they are able to contribute toward the cost of the service.

c. Birthday, special meal, or monthly coupons for eligible participants or their families and friends to obtain for the eligible participant may be offered by the nutrition contractor. However, no set price shall be posted or put in print for these coupons. Coupons shall be offered on a donation basis only.
POLICY 303  
RESERVATION AND REGISTRATION PROCEDURE FOR 
SENIOR DINING SITES

A written reservation and sign-in procedure that does not create unnecessary barriers to the participation of eligible persons shall be established and implemented at each senior dining site.

PROCEDURE A   RESERVATION SYSTEM

1. Each participant is responsible for making advance reservations for meals, and if necessary, cancellations, according to site procedures.

2. Deadlines for meal reservations shall be determined by the nutrition contractor and shall be posted.

3. The reservation system shall document:
   a. Eligible participants
   b. Non-eligible persons
   c. Leftover meals
   d. Limited income participants (100% poverty level)
   e. Minority participants (Asian, Black, Native Indian, Hispanic)
   f. Limited income/minority participants
   g. Over age 75 participants
   h. Participants with disabilities, and
   i. Rural participants.

PROCEDURE B  REGISTRATION PROCESS

1. The nutrition contractor will make every effort to complete a NAPIS client form on the participant’s first day of service.

2. A record file of all participants’ data shall be maintained and include at minimum:
   a. Name
   b. Address
   c. Telephone number
   d. Emergency contact number(s)
   e. Ethnic origin/race
   f. Date of birth
   g. Economic Status

3. Every effort shall be made to obtain minimum information listed above; however, services shall not be denied if client refuses to provide information.
4. Intake data shall be kept on file as long as the participant is in the program.

5. Records shall be maintained in such a manner as not to violate confidentiality.

6. A record file of all participant data shall be reviewed and updated annually.

7. Participants shall register attendance at time of participation.
   a. The attendance registration forms shall serve as a basis for documenting and reporting units of service for monthly and quarterly reports.
POLICY 304  HOME DELIVERED MEAL ELIGIBILITY PROCEDURES

Nutrition contractor shall ensure written HDM eligibility criteria, contributions for HDMs, HDM assessments, and Wait Lists are in compliance with the Policy and Procedures for Nutrition Services.

PROCEDURE A  HOME DELIVERED MEAL ELIGIBILITY

1. To receive home delivered meals, one must meet the following criteria:

   a. The person receiving the meal must be:

      (1) 60 years of age or older
      (2) The spouse of an eligible HDM client, or
      (3) An individual with disabilities who is not able to attend a senior dining site and who resides at home with an older individual who is eligible to receive home delivered meals.

   b. The individual shall be homebound (i.e., does not leave his/her home under normal circumstances.)

   c. The person (60 years of age or older) shall be unable to participate in the senior dining site program because of physical or emotional difficulties.

   d. The individual shall be physically or emotionally unable to obtain food or prepare meals.

   e. There is no adult living in the same building or area able and willing to prepare meals.

   f. The individual is able to feed him/herself without assistance from the nutrition program staff other than opening cartons or has an attendant who assists with the meal.

   g. Individuals agree to be home when meals are delivered, or contact the program when absence is unavoidable.

   h. All special dietary needs can be met by the meals available (i.e., meals available would not jeopardize the health of the individual.)
2. There shall be no ineligible meals served to HDM clients unless:
   
a. The AOoA has approved a waiver for such meals, or

b. Meals are received for a caregiver under Title E—National Caregiver Support Program.

   (1) A caregiver who is caring for a person and does not meet the HDM eligibility criteria may receive a meal as deemed necessary by the Caregiver Support Program.

   (2) Arrangements for caregiver meals shall be completed through the Caregiver Support Program.

3. The PASSPORT program serves individuals who are 60 years of age or older, have a level of care required for placement in a long term care facility if the waiver program were not available, and meet the PASSPORT eligibility criteria and enrollment requirements as described in Chapter 5101:3-313 of the Administrative Code.

   a. PASSPORT case manager shall make the determination if a client will receive one or two home delivered regular, therapeutic or mechanically altered meals per day based on a full assessment or reassessment of the client’s health and doctor’s orders. If two meals per day are authorized, these should be two different meals. One meal may be hot and the other one frozen.

PROCEDURE B CONTRIBUTIONS FOR HDMS

1. There is no charge for the home delivered meals for those participants who meet the home delivered meal eligibility for Title III C program.

   a. No older person shall be denied a nutrition service because of failure to contribute all or part of the cost of such service.

   b. In addition, cost sharing and means testing shall not be conducted.

   c. Older participants shall determine for themselves what they are able to contribute toward the cost of the service.

   d. A suggested contribution toward the cost of the meal shall be requested.
e. Contributions shall be voluntary and confidential for all eligible participants.

   (1) Contributions from individuals shall be handled in such a manner as to protect the privacy of each older person with respect to his/her contribution.

2. There is no charge or suggested donation for the home delivered meals for PASSPORT clients since the meals are a pre-approved service provided by the PASSPORT program as determined by the client’s case manager.

PROCEDURE C HOME DELIVERED MEAL ASSESSMENT PROCEDURES

1. Each potential HDM recipient shall be assessed in his/her home to determine eligibility to receive HDMs.

   a. Assessment shall be made within 10 working days after the request for service has been received.

   b. An AOoA-approved assessment tool shall be used to assess potential HDM clients throughout PSA 4. The National Nutrition Screening Initiative’s (NSI) DETERMINE checklist, which is included in the AOoA Assessment Form (See Appendix), shall be a part of this tool.

   c. In compliance with Health Insurance Portability and Accountability Act (HIPAA) guidelines, the client shall be given an explanation and a copy of the Notice of Privacy Practices at the initial assessment. Client shall sign the assessment form or another form verifying the client has had the Notice of Privacy Practices explained and a copy was provided.

   d. The in-home assessment shall be done under the supervision of a Licensed Social Worker, Registered Nurse, Licensed-Registered Dietitian, or a professional approved by AOoA. The assessor shall have the following training and qualifications:

      (1) Interviewing and assessment techniques
      (2) Sensitive to working with culturally diverse elderly
      (3) Adept to evaluating the information received
(4) Observant of the client’s physical surroundings and individual condition
(5) An understanding of the nutritional needs of the elderly, and
(6) Ability to make objective judgments based on facts gathered and observations made during the interview. Documentation of assessor’s knowledge in these areas shall be presented during AOoA monitoring visits. Valid licensure is suitable documentation.

e. The Assessment Supervisor, who shall be a Licensed Social Worker, Registered Nurse, Licensed-Registered Dietitian, or professional approved by the AOoA, shall review and evaluate the assessment, sign the assessment, and take appropriate action on assessment findings.

f. Nutrition contractors shall assure that the in-home assessor will secure from the client all information required to complete the NAPIS client form, as well as other relevant information requested on the in-home assessment form.

g. Assessment data shall be properly recorded and kept on file, as long as the participant is in the program.

h. Appropriate action shall be taken on the findings from the assessment. The referrals shall be made by staff designated by the nutrition contractor, preferably the HDM assessment supervisor.

(1) Nutrition contractors shall bring to the attention of appropriate officials for follow-up, conditions or circumstances, which place the older person or the household in imminent danger.

(2) Policies of nutrition contractors shall include provision for referrals by delivery personnel or needs assessment staff to other appropriate services when conditions occur that place the older person or the household in imminent danger.

(3) Where appropriate, the AOoA requires the consent of the older person or his or her representative, prior to notification of appropriate officials, conditions or
circumstances, which place the older person or the household in imminent danger.

2. Meal delivery shall begin within two working days of eligibility determination, or
   a. on a later date chosen by the client
   b. by a time period negotiated with AOoA, or
   c. when funds become available to serve new clients, should a waiting list exist.

3. Meal delivery must begin within 24 hours to clients determined by referral or assessment to need immediate meal support. The initial delivery may be frozen, shelf-stable, or a heater meal.

4. Nutrition contractors shall assure that each HDM participant is reassessed in the home every twelve (12) months after the original assessment.
   a. Reassessment data shall be properly recorded and kept on file as long as the participant is in the program.
   b. Appropriate action shall be taken on the findings.
   c. In compliance with HIPAA guidelines, verify if client has a copy of the Notice of Privacy Practices. A new copy shall be provided if client does not have one.

5. Those individuals determined not eligible for the program shall receive verbal and written documentation informing them of their termination from the HDM program.
   a. When a home delivered meal recipient is determined to no longer need HDMs, the recipient shall be informed of meal service at the senior dining sites.
   b. The nutrition contractor shall establish a written appeals process in case the HDM participant disputes the staff decision to terminate delivery of meals.

(1) In cases appealed to AOoA, the Nutrition Committee of the AOoA Area wide Advisory Council shall make determination
6. The cost of assessment and reassessment shall be reflected in the direct unit cost per HDM.

7. Nutrition contractor, who is certified PASSPORT provider, shall furnish meals to PASSPORT clients per agreement with the client’s case manager. PASSPORT case manager shall make the determination if a client will receive one or two home delivered regular, mechanically altered or therapeutic meals per day based on a full assessment or reassessment of the client’s health and doctors orders. If two meals per day are provided, these will be two different meals. One meal may be hot and the other meal frozen.

PROCEDURE D  WAIT LISTS

1. Nutrition contractors serving at maximum amount of funding may find it necessary to maintain a wait list. Nutrition contractors shall develop a prioritization system that distributes service equitably, if a wait list exists.

   a. Wait list clients shall be assessed to determine priority of need.

   b. Clients determined to be at nutritional risk shall be given priority for meal service.

      (1) The client’s risk status shall be based on the assessment findings which include nutritional risk as scored on the National Nutrition Screening Initiative (NSI) DETERMINE checklist and protocol.

      (2) The risk status of married couples shall be based on the spouse with the greater risk characteristics.

      (3) Clients with the lowest income may receive priority; however, income shall not be used as eligibility criterion.

   c. Wait list clients shall be served on basis of priority ranking as service becomes available.

   d. The wait list shall be updated monthly.
e. If the necessity for a wait list occurs, nutrition contractor shall notify the AOoA in writing within in one month of anticipating the need for a wait list and state what course of action will be taken to help eliminate the wait list.

(1) Nutrition contractor shall send monthly progress reports on the wait list to the AOoA. The report shall state how many are currently on the wait list, how many have been removed from the list and are now being served, and what other actions are being done to help eliminate the wait list.
POLICY 305  CONFIDENTIALITY

Nutrition contractors shall ensure the confidentiality of all participants receiving nutrition services in the senior dining site, HDM or PASSPORT program.

PROCEDURE A  GENERAL INFORMATION OBTAINED

1. Information about or obtained from a participant served by the nutrition contractor shall not be disclosed without the individual’s written consent. Exception: participant information shall be shared, as the need arises between the nutrition contractor, the county/site, and the AOoA.

2. Nutrition contractors shall not provide access of their participant data to any agency or person seeking information through questionnaires, polls, assessments, surveys, etc. without prior written approval of the AOoA.

3. Pictures of individuals taken at a senior dining site or senior activity shall not be published without the participant(s) in the picture signing a release or waiver form.

PROCEDURE B  MEDICAL AND HEALTH INFORMATION OBTAINED

1. HIPAA Privacy Notice—Medical and health information obtained from a participant or HDM client served by the nutrition contractor shall follow the guidelines as set forth by the HIPAA guidelines.

   a. The AOoA and providers of those services funded by the AOoA have but a limited right to use and/or disclose participant or client Protected Health Information (PHI) for the purposes of providing treatment, obtaining payment for care, and conducting health care operations.

   b. A Notice of Privacy Practices shall be explained and provided to each participant/client upon initial HDM assessment.

      (1) The AOoA has established policies to guard against unnecessary disclosure of participant/client health information. Providers may use the AOoA’s Notice of Privacy Practices as found in the Appendix or develop another Notice of Privacy Practices, which meets the HIPAA guidelines.
(2) For nutrition contractors, a Notice of Privacy Practices must be provided in the following nutrition services:

(a) HDM client assessments
(b) Nutrition Screening
(c) Nutrition Counseling
(d) One-on-one diabetic education sessions

c. The nutrition contractor shall ensure annually all clients, who are still receiving the nutrition services as mentioned above, have retained a copy of and understands the Notice of Privacy Practices.

(1) A new copy of the Notice of Privacy Practices shall be provided to all clients who do not have a copy of the Notice of Privacy Practices.

d. To verify the required clients have received the Notice of Privacy Practices and has had the policy explained to them, clients must sign:

(1) An assessment form or another authorized form, and
(2) A Release of Information Form (A sample format is located in the Appendix.)

e. The nutrition contractor shall be ultimately responsible for any violation of a nutrition client’s Protected Health Information (PHI).

(1) All staff and volunteers with access to PHI shall be trained in HIPAA guidelines:

(a) The importance of client’s PHI shall be emphasized and understood.
POLICY 306  PARTICIPANT RIGHTS AND RESPONSIBILITIES

Nutrition contractor shall assure that staff and volunteers are kept informed about nutrition and other senior services and activities, and participants are provided their rights and responsibilities.

PROCEDURE A  PARTICIPANT RIGHTS

1. Each participant has the following rights:

   a. To be referred, as necessary and requested, to nutrition and other services including food stamps, transportation, housing repairs, etc.
   b. To make comments about needed improvement without fear of retaliation
   c. To timely information about meal site closing and meal delivery cancellations due to weather, power outages, or other reasons;
   d. To be treated respectfully and courteously
   e. To have personal information handled and recorded using methods that ensure confidentiality
   f. To enjoy meals in an unhurried, pleasant environment at a senior dining site, and
   g. To choose/request less food after the standard menu items have been offered and encouraged.

PROCEDURE B  PARTICIPANT RESPONSIBILITY FOR SENIOR DINING SITES

1. For the Title III-C, C-1 nutrition programs, each participant is responsible for making advance reservations for meals, and if necessary, cancellations, according to site procedures.

PROCEDURE C  HDM CLIENT RESPONSIBILITIES

1. For the Title III-C, C-2 nutrition programs, each HDM client has the following responsibilities:

   a. For canceling meals, according to nutrition contractor procedures, and/or
   b. For informing nutrition contractors of changes related to their eligibility status (i.e. improved health, increased family support, etc.).
POLICY 307  MENU/MEAL PROCEDURES

Nutrition contractors for Title III-C shall have menus developed and provide meals, which comply with all ODA policy and procedures applicable to menus and all current ODA Meal Service/Specifications/Guidelines. PASSPORT meals shall meet the specifications as set forth in Chapter 5101:3-31-09 (E) for HDM Service.

PROCEDURE A  MENU PROCEDURES

1. The Nutrition contractor shall use a cycle menu developed and/or approved by the AOoA.

   a. Menus shall utilize the required meal pattern and comply with the ODA Menu Specifications/Guidelines or use a computer-assisted menu analysis as the basis for planning meals.

      (1) If using a computer-assisted menu analysis for meal planning, the software program used for analysis shall appear on the pre-approved list located in the Appendix or be approved by the AOoA.

   b. Meals with Appeal® menus and activity package shall be provided by the AOoA. To incorporate local celebrations, preferences, only changes/substitutions to the Meals with Appeal® menus need to be submitted to AOoA.

   c. No less than a six week menu cycle shall be used for all hot senior dining site and HDMs with no less than three seasonal changes and no more than four seasonal changes per year.

   d. All menus shall include specified serving sizes for each food item on the menu.

   e. Menus shall be submitted for the entire year with the bid proposal, unless using Meals with Appeal® only the changes need to be submitted.

   f. A qualified dietitian, registered by the American Dietetic Association and licensed in the State of Ohio, employed by the nutrition contractor, shall develop or review, approve, sign and date all menus prior to serving and before submitting to the AOoA.
POLICY 307  MENU/MEAL PROCEDURES

(1) If using Meals with Appeal® menus, the nutrition contractor will not need to obtain a signature by a Licensed, Registered Dietitian.

(2) Changes or substitutions made to any approved menus shall be authorized by a registered-licensed dietitian and submitted to the AOoA at least two weeks before they are served.

g. Menus shall be posted for participants’ information in a readily accessible location at senior dining sites. The nutrition contractor shall ensure that participants are aware of and can easily access information about the content of meals.

h. *Find Your Facts* a resource containing nutrition facts labels, may be provided by the AOoA. This information should be available at all meal sites for seniors to read and use as desired.

i. Menus shall be kept on file for one year.

PROCEDURE B  REQUIRED MENU PATTERN

1. Nutrition contractors shall be able to procure, produce and deliver meals that implement the 2005 U.S. Dietary Guidelines for Americans and meet 1/3 of the daily RDAs (Recommended Dietary Allowance) and DRIs (Dietary Reference Intakes) for vitamins and elements as adopted in 1998 by the Food and Nutrition Board of the National Academy of Science National Research Council for a person 51 years of age or older for each meal (See Appendix for RDAs and DRIs). The highest value for each individual nutrient will be used for nutrient calculations. When changes in DRIs occur, the new values shall be adopted for menu planning. AOoA nutrition staff will notify providers of changes in nutrient values.

a. **Regular Meals**—each meal must include the five food groups, the Vitamin C requirement, and two additional required items as listed in the chart below, and when appropriate, meal accompaniments to enhance meal palatability.

b. **Evening and Breakfast Meals**—Evening meal menus must follow the required menu pattern. Breakfast meal menus shall follow
the required menu pattern for all required items, except 1 serving of vegetables is optional.

(1) Evening or breakfast menus shall be reviewed, approved, signed and dated by a registered-licensed dietitian and submitted to the AOoA at least two weeks prior to serving.

c. **Weekend or Special Function Meals**—To receive Title III-C funding, weekend or special function meal menus must follow the required menu pattern.

(1) Weekend menus shall be reviewed, approved, signed and dated by a registered-licensed dietitian and submitted two weeks prior to serving.
### Required Menu Pattern

<table>
<thead>
<tr>
<th>Food/ Nutrient Group</th>
<th>Menu Pattern</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Meat/Alternative</strong></td>
<td>3 ounces Proein (21 g. of protein) or equivalent</td>
</tr>
<tr>
<td><strong>Milk/Alternative</strong></td>
<td>8 ounces or equivalent</td>
</tr>
<tr>
<td><strong>Bread/Alternative</strong></td>
<td>1 serving</td>
</tr>
<tr>
<td><strong>Fruit</strong></td>
<td>1 serving</td>
</tr>
<tr>
<td><strong>Vegetable</strong></td>
<td>1 serving</td>
</tr>
</tbody>
</table>

### Additional Required Items

Choose two items:
- 1 ounce meat
- 1 serving bread
- 1 serving fruit
- 1 serving vegetable
- 1 serving dessert

### Meal Accompaniments

As needed: (1 teaspoon butter or margarine is required with bread, roll, or a plain potato)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Vitamin C</td>
<td>30 mg.</td>
</tr>
<tr>
<td>Calcium</td>
<td>400 mg.</td>
</tr>
<tr>
<td>Fiber</td>
<td>Average of 7-10 g. per meal</td>
</tr>
<tr>
<td>Calories</td>
<td>1/3 the RDA for healthy men and woman ages 51 years and older is an average of 700 calories per meal</td>
</tr>
</tbody>
</table>

### PROCEDURE C FOOD PROCEDURES AND NUTRIENT REQUIREMENTS

1. The nutrition contractor shall serve a variety of foods and meal patterns to enhance the nutrient content of meals on a weekly basis and increase participant satisfaction. The following procedures shall be incorporated into the menu planning and food preparation:

   a. **Meats and Meat Alternative**—these requirements shall be followed in the purchase, preparation, and service of meat or meat alternate:

      (1) A minimum of 3 ounces cooked, edible portion meat, poultry, fish, or equivalent.
(a) Meat is counted in one ounce cooked weight increments, which contains approximately seven grams of protein.

(b) The weight of cooked, edible portion of meat or alternate used to determine nutritional adequacy, must not include the weight of breading or fillers.

(2) A minimum of two plain meat entrees must be served weekly.

(a) A variety of meat and protein equivalents are suggested to meet protein, iron, B-Vitamin and zinc requirements.

(b) A multitude of cooking methods, such as baking, braising, broiling, roasting, grilling, or pan frying with small amounts of oil are recommended.

(c) Restructured meat patties or meat or poultry, which has been removed from the bone, ground, sometimes tenderized, and formed into the shape of the meat, is limited to once per week.

(d) High-fat or processed meats, such as hot dogs, ring bologna, sausage, should be limited to twice per month due to the high fat content and limited nutrient value.

(3) Alternates for one ounce of cooked meat include:

1 egg
1 ounce natural or processed cheese
¼ cup cottage cheese
2 tablespoons peanut butter
½ cup cooked dried beans or peas
1.5 ounces luncheon meat
½ cup tofu
¼ cup seeds
1/3 cup nuts

(a) Meatless meals containing egg, dry beans, pea, or lentil soups or entrees, nuts, tofu-based products
and vegetarian lasagna may be used on an occasional basis to provide variety, contain costs, and for special dietary needs, as long as the meal meets the protein requirement.

(b) Meat alternates cannot be served at consecutive meals or on consecutive days, with the exception of emergency meals, to optimize nutrient density, particularly for iron.

(c) Cheese used as a meat alternative cannot be counted as a milk alternate also. Artificial/limitation cheese or cheese food products cannot be used as a meat alternate.

(4) Use USDA Grade A poultry, fish, eggs and cheese.

(a) All fish must be packed under federal inspection (PUFI) and be Grade A.

(b) Breaded fish fillets must be 75% by weight fish flesh.

(5) Use USDA Grade Good or Choice beef for roasts.

(6) Use USDA Grade Good or Better for stew meat.

(7) Use USDA Grade Good or Standard for ground beef.

(a) Ground beef may be no more than 20% fat (80/20 lean: fat ratio).

(8) Use USDA No. 1 to USDA No. 3 for pork.

(9) Vegetable protein products (VPP) may be used only in combination with meat.

(a) VPP must bear a label identifying the product as being acceptable to the USDA.

(b) A ratio of 20% VPP (hydrated form) to 80% meat shall be used.
b. **Vegetables and Fruit Group**—These requirements shall be followed in the purchase, preparation, and service of vegetables and fruits:

1. **Vegetables:**
   
   (a) Serving size is ½ cup.
   
   (b) The serving size of lettuce salad with other raw vegetables is one cup.
   
   (c) Fresh or cooked frozen vegetables are preferred.
   
   (d) Potatoes and tomatoes are counted as vegetables.
   
   (e) Potato products used and made from dehydrated potatoes shall be fortified with Vitamin C.

2. **Fruit:**

   (a) Serving size is ½ cup fresh, frozen, or cooked fruit, ¼ cup dried fruit or one piece of whole fresh fruit.
   
   (b) Fresh, frozen or canned fruit, packed in juice, light syrup or without sugar are preferred.
   
   (c) Gelatin salad counts as a fruit serving if the recipe and serving size is modified to ensure that each serving contains at least ½ cup fruit.
   
   (d) Desserts that contain fruit, for example, cobblers or pie, do not contain enough fruit to count as a fruit serving.

3. Fresh fruits or vegetables in season shall be served at least one time per week.

4. All fruit or vegetable juices served shall be 100% pure, unsweetened. Serving size is ½ cup. (Fruit drinks or fruit punch, which are not 100% pure fruit juices cannot be considered a fruit serving.)

   (a) Juice shall not be served more than once per week as a fruit requirement. (Additional juice servings can be provided as an additional required item.)

   (b) Juice fortified with calcium can be served to meet the calcium requirement.
(5) Emphasis is on a variety of nutrient-rich fruits and vegetables as listed in Appendix.

(6) Special attention shall be given to cooking methods which conserve the nutritive value of foods such as steam cooking vegetables with minimum use of water and shorter hot holding periods.

(7) Use U.S. No. 1 or U.S. Fancy or US Grade A fresh vegetables and fruit.

(8) Use no less than U.S. Choice or U.S. Grade B frozen and canned vegetables and fruit.

c. **Bread or Bread Alternative**—these requirements shall be followed in the purchase, preparation, and service of bread and bread alternates:

(1) Bread serving size is one slice.

(2) Bread alternates include the following:

- 1 small muffin, 2 ounces
- 2 in. square cornbread
- 1 biscuit, 2 ½ inch diameter
- ¾ cup ready to eat cereal
- ½ cup cooked cereal or grits
- ½ cup bread dressing/stuffing
- 1 small sandwich bun, 1-1.5 oz.
- ½ large sandwich bun, 1.5+ oz.
- 5-6 small crackers (saltine size)
- 2-3 large crackers (graham size)
- ½ cup pasta, noodles or rice
- ½ English muffin
- 1 tortilla, 6 in. diameter
- 2 pancakes, 4in. diameter
- 1 waffle, 7 inch diameter
- 1 slice French toast
- 1 pita, 4 in. diameter
- ½ large croissant
- 2 taco shells, corn

(3) Breading on meat, poultry or fish cannot be counted as a bread serving.

(4) Bread or bread alternates shall be enriched or made from whole-grain flour.

(5) Nutrition contractors are encouraged to incorporate whole wheat or whole-grain products as much as possible for
increased fiber, vitamins and minerals (See Appendix for examples of whole-grains).

d. **Milk and Milk Alternate**—these requirements shall be followed in the purchase, preparation, and service of milk and milk alternates.

(1) Serving size is one cup (8 oz. or ½ pint).

(2) All milk used and served shall be vitamin A and D fortified 2%, 1%, skim, or buttermilk. Skim milk shall be offered to participants for a low-fat, low cholesterol option.

(a) Fresh fluid milk must be served with meals. Powdered milk may be served as milk requirement for frozen meals or shelf stable meals.

(b) Powdered milk may be used in cooking or baking to boost the calcium content of meals.

(c) Milk and milk products are excellent sources of protein, calcium, riboflavin and vitamin D. Individuals may not be able to tolerate them due to special dietary needs arising from religious, ethnic or health circumstances.

i. When individuals or groups are unable to tolerate milk or milk products, the registered-licensed dietitian shall incorporate calcium substitutes as listed below in (3) or non-dairy sources of calcium such as, tofu or greens.

(3) Milk alternates include:

- ½ cup evaporated milk
- 1 cup lactose-free milk
- 1.5 ounces natural cheese
- ½ c. ricotta cheese
- 2 oz. process cheese
- 8 ounces plain yogurt
- 8 oz. tofu (processed with calcium salts)
- 1 cup Ultra-high temperature milk
- 1 ½ c. cottage cheese
(4) Low fat milk, cheese and yogurt are preferred.

(5) Cheese used as a milk alternate cannot also be counted as a meat alternate. Artificial/imitation cheese or cheese food products cannot be used as a milk alternate.

(6) Ultra-high temperature chocolate milk drinks or hot cocoa mixes must contain at least 20% of the RDA for calcium (240 mg.).

(7) Milk served to HDM clients must be served in one-half pint, individual, disposable cartons.

(8) Milk served at senior dining sites may be poured by staff/volunteers into glasses/disposable cups at the point of service in the serving line. The cup/glass used shall be at least a 10 oz. cup to neatly and completely hold 8 oz. of milk.

e. **Butter, Margarine and Fats Used in Cooking** — these requirements shall be followed in the purchase, preparation and service of butter, margarine and cooking fats:

(1) Use U.S. Grade A fortified margarine made from corn oil, canola or other polyunsaturated fats.

(2) Butter or margarine served to participants shall be purchased in individual portions such as “Butter-Reddis”.

(3) Fats should be used sparingly in the preparation of food.

(a) Oils used in cooking shall be polyunsaturated, such as corn or canola oil, or monounsaturated, such as peanut or olive oil.

(b) Fried foods shall be served only occasionally (less than three times per month).

(c) Deep fried foods, such as deep fried fish or French fries, shall not be served.
(d) Gravies or sauces made with vegetable purees or juices, or glazes may be used to maintain the food temperatures of meals.

(e) Methods that limit the amount of fat during cooking or serving need to be used. These include skimming the fat from gravy, using vegetable-based sauces or glazes, the option to hold gravy or sauces on potatoes, vegetables or salad dressings on lettuce on the serving line, or serve it on the side.

f. Dessert Options—a dessert can be served as one of the two required items.

(1) Examples of dessert include the following: cookies, cake, brownies, pie, fruit cobbler or crisp, pastry—Danish or donuts, sweet breads—banana nut bread, fruited gelatin, pudding, ice cream, sherbet or frozen yogurt.

(2) Portion size should be modified to provide, on a weekly average, no more than 200 calories per serving.

(3) Lower fat products and desserts containing fruit and/or made with whole grains and/or low fat milk are preferred.

(4) Use of “empty-calorie” foods is discouraged, for example, plain gelatin or two-crusted pies.

(5) Fruit ingredients of desserts do not count toward the fruit requirement except as noted for gelatins salads.

(6) Unless otherwise specified, one-half (1/2) cup servings shall be provided. It is strongly recommended to reduce the portion sizes of high-fat, high-calorie desserts, such as pies or frosted cakes.

(7) Gelatins used in salads/desserts shall be fortified with Vitamin C.

(8) Snack bars may be used to enhance the nutrient content of meals and may be used as a dessert or additional required item.
g. **Additional Required Items**—in addition to the set menu pattern, two additional required food items must be provided at each meal to ensure the nutritional adequacy of meals.

   (1) Choose **two** of the following items as additional required items:

   - 1 ounce meat
   - 1 serving bread
   - 1 serving fruit
   - 1 serving vegetable
   - 1 serving dessert

   (2) These choices will allow the nutrition contractor to be more flexible within the menu cycle to better meet participants’ needs and preferences.

(3) To incorporate the 2005 Dietary Guidelines into menus, increase fiber and nutrient-rich fruits and vegetables, whole grain products and dry beans, peas and lentils, purchase lower fat cuts of meat, decrease the amount of added sugars in foods, decrease the amount of fat in recipes, limit the amount of trans fatty acids by reducing the amount of foods that contain hydrogenated oils and limit the number of high fat and sodium entrees (See Appendix for a list of nutrient-rich fruits and vegetables).

h. **Meal Accompaniments**—Condiments, spreads or garnishes which are traditionally associated with a menu item must be offered.

   (1) Examples are: tartar sauce and a lemon wedge with fish, salad dressing with a tossed salad, sour cream with a baked potato, and mustard and ketchup or mayonnaise with a meat sandwich.

i. **Vitamin C Source**—at least 1/3 of the RDA for Vitamin C (30 mg.) must be provided in each meal. (See Appendix for a list of Vitamin C Rich Foods.)

j. **Calcium Source**—at least 1/3 of the DRI for Calcium (400 mg) shall be provided in each meal. One 8 oz. serving of milk provides about 300 mg of calcium. Dark greens, such as spinach and collard greens contain from 90-200 mg. of calcium. Calcium fortified juices (8 oz.) contain about the same amount of calcium.
as in a glass of milk. Serving one 8 oz. serving of milk and one ½ cup serving of a calcium-fortified juice or a serving of dark greens will meet this calcium requirement.

k. **Vitamin A and High Beta Carotene Foods**—Nutrition contractors are encouraged to serve a variety of fruits and vegetables, especially a variety of deep rich colored fruits and vegetables. Nutrition contractors are encouraged to serve at least three high Vitamin A foods per week. (See Appendix for a list of Vitamin A Rich Foods.)

l. **High Fiber**—Nutrition contractors are encouraged to serve fruits, vegetables, beans, and whole grains, which are rich in dietary fiber.

  (1) On a weekly basis, the average recommended amount of fiber is no less than 7-10 grams per meal. (See Appendix for list of High Fiber Foods.)

  (2) As a general guideline, high fiber foods should be served at least three times per week.

  (3) If breakfast is served, provide whole grain breads and cereals.

  (4) To increase fiber in meals, leave the skins on fruits and vegetables whenever possible, use whole grain or multi-grain breads instead of white or wheat (made with refined flours), or incorporate wheat or oat bran, brown rice or beans into recipes.

m. **Total Fat**—Nutrition contractors are encouraged to serve meals that contain lower fat entrees, salad dressings, desserts and milk.

  (1) Higher fat foods (containing 15 g. or more of fat per a two ounce serving of meat) should be served less frequently when planning menus. (See Appendix for a list of High Fat Foods.)

  (2) On a weekly basis, the average recommended amount of fat should not exceed 35 g. per meal.
(3) As a general guideline, high fat foods should be served no more than three times per week.

n. **Sugar**—Nutrition contractors are encouraged to serve meals moderate in added sugar.

o. **Total Sodium**—Salt shall be used sparingly in meal preparation, and in the purchase of processed foods, lower sodium foods are recommended.

(1) On a daily average, nutrition contractors are encouraged to serve meals that contain no more than 1200 mg. of sodium per meal. AoA recommends 800 mg per meal based on the 2005 Dietary Guidelines (See Appendix for a list of Sodium-rich Foods).

(2) As a general guideline, high sodium foods should be served no more than twice a week.

(3) Small amounts of salt are allowed in cooking to enhance the flavor and acceptability of meals; however, herbs and seasonings are preferred.

(4) Only iodized salt may be used in food preparation and in the seasoning at the table.

(5) Monosodium glutamate shall not be used in the preparation of food.

p. **Beverages**—Coffee and tea may be offered as additional beverages, but are NOT considered a Title III-C funded expense.

(1) The cost of these beverages and related items, such as sugar and cream, are NOT considered an expense of the Title III-C program nor a part of the meal.

(2) Water shall be offered or readily available to participants at meals for increased fluids.

q. **Fortified Foods**—nutrition contractor is encouraged to use whole-foods, rather than highly fortified foods or meal supplements, to meet nutritional requirements.
(1) Nutrition program funds shall not be used to purchase vitamin pills or similar products.

(2) Commercial products such as dietary/nutrition supplements shall be used under the direction of a registered-licensed dietitian and meet the required 1/3 of the RDAs and any special diet needs.

(3) A dietary/nutrition supplement program can be developed. Procedures for the entire program must be submitted to the AOoA for approval prior to implementation and all approved procedures shall be followed.

   (a) The nutrition contractor’s contract shall specify the reimbursement of dietary/nutrition supplements.

r. **Processed Foods**—Due to the high costs, high sodium content and sometimes high fat content of prepackaged processed foods, cooking a meal from scratch shall be required unless a written waiver has been granted.

   (1) Prepackaged processed foods shall be utilized sparingly.
   (2) Non-potentially hazardous desserts, such as fruit, juice, crackers, bread and homemade cookies, may be individually packaged for removal from the site.

**PROCEDURE D MODIFIED, MECHANICALLY ALTERED OR THERAPEUTIC MEALS**

1. Nutrition contractors must be able to procure or produce and deliver a “modified” version of a regular meal, when menu items are high in concentrated sweets and/or sodium and/or fat when requested or required by participants.

2. The nutrition contractor must offer one of the following:
   a. Option 1: one meal modified in concentrated sweets and sodium and fat;
b. Option 2: any combination of single and/or multiple combinations of modifications that provide appropriate alternate foods for participants needing one or more of these modifications.

3. Modified meals shall be similar to the regular meals with exceptions as outlined below:

a. Concentrated sweets (high sugar foods): The dessert shall be a low concentrated sweet dessert—fresh fruit, unsweetened fruit, canned fruit in its own juice, sugar-free gelatin, sugar-free pudding, angel food cake, vanilla wafers, ginger snaps, or graham crackers may be served for a similar dessert. Sugar-free drinks and sugar-free alternates for high sugar condiments (i.e., jelly, syrup, honey, etc.) shall be served for low concentrated sweets diets.

b. Low sodium: Each modified meal will contain a lower sodium entree if the regular entree is significantly higher in sodium content than what is usually served. (i.e., roast beef instead of ham, or mixed vegetables instead of sauerkraut)

c. Low fat: Each modified meal will contain one-half pint low fat or skim milk and entrees lower in fat (i.e., chicken served without skin or roast turkey instead of smoked sausage).

4. A modified meal shall be provided only to clients who have documented requests, either self-declared or recommended by a health professional. A physician’s order is not required.

5. Nutrition contractors shall not offer menus for mechanically altered (i.e., texture modified for dysphagia diets) or therapeutic diet restrictions, except when these special diet meals can be obtained from a local hospital, other medically-approved nutrition contractor, or approved by the AOoA for menu spread of therapeutic diets for on-site preparation.

a. A participant’s therapeutic diet order shall be kept on file with assessment or participant’s data.

b. The participant’s initial diet order shall be reviewed by a registered-licensed dietitian with the physician and when the reassessment is completed. The registered-licensed dietitian must review the diet order with the physician at least every 6 months.
c. The modified meal shall follow the required Title III-C meal pattern and nutrient content as closely as possible.

PROCEDURE E   SPECIAL MENUS FOR ETHNIC PREFERENCE, RELIGIOUS REQUIREMENTS OR HOLIDAYS

1. **Ethnic Meals**—Through input from a participant council, ethnic menu preferences of participants shall be taken into consideration when planning menus. (i.e., when warranted by sufficient demand, chopsticks offered and rice served in place of bread for predominately Oriental senior dining sites, tortilla shells in place of bread for predominately Hispanic senior dining sites or rye bread instead of regular bread at predominately European senior dining sites.)

   a. Ethnic food shall be incorporated into each cycle menu to introduce variety and cultural influences.

2. **Special menus for religious requirements** (such as Kosher meals) shall be provided at selected sites when warranted by sufficient demand and availability.

   a. Nutrition contractors shall provide or offer a non-meat entree on Fridays during the Lenten season and on Ash Wednesday.

3. **Holidays**—Appropriate holiday food shall be served. For example, a corned beef dinner for St. Patrick’s Day, turkey for Thanksgiving, etc.

PROCEDURE F   FROZEN MEALS

1. Frozen meals (meals requiring rethermalization by the nutrition contractor or the client) shall only be provided to HDM clients upon prior approval from the AOoA. Upon prior approval from AOoA, frozen meals may be provided to HDM participants for evening, weekend, holiday meals or per HDM client’s request due to preference or medical necessity, (i.e. not home three times per week due to dialysis). Evening or weekend frozen meals shall be provided upon request from HDM clients.
2. Frozen meals must:
   a. Be from a vendor of commercially prepared frozen meals, OR
   b. Be processed in a chill blast freezer system or by using techniques pre-approved by the AOoA, either of which must meet the following safety, quality and on-site review criteria:
      (1) Processing must adhere to the Hazardous Analysis Critical Control Point (HACCP) system.
      (2) Only freshly prepared or commercially processed foods can be used. No leftovers or food that has been sitting in a steam table for over 1 hour shall be used for frozen meals.
      (3) Preparation techniques must be modified, when necessary to ensure quality.
      (4) Procedures for the entire process must be submitted to the AOoA for approval prior to implementation. All approved procedures shall be followed.
      (5) On-site production must be accessible to the AOoA for periodic monitoring.
   c. Be labeled with an expiration date or “use by” date.
   d. Be labeled with the menu items and state access to ingredient content is available upon request.
   e. Include written preparation directions for each item requiring rethermalization.

PROCEDURE G  EMERGENCY/SHELF STABLE OR “HEATER” MEALS

1. HDM clients shall be provided with shelf-stable meals in advance of need for use in case of short-term weather related emergencies when weather conditions prevent regular delivery of meals. Upon prior approval from the AOoA, shelf stable meals or “Heater” meals may be provided for holiday meals or to senior dining site participants meeting specified criteria.
2. **Emergency/shelf stable** meals shall:
   a. Meet the nutritional requirements of the Title III-C menu pattern, unless a written waiver is approved by the AOoA.
   b. Be packaged in a form with an expected shelf life (storable without refrigeration) of at least 12 months.
   c. Be labeled with a “use-by” date.
   d. Contain foods that require minimal preparation.
   e. Contain canned foods with pull-top tabs when feasible.
   f. Have a written menu for the shelf stable meal.
   g. Include written preparation instructions and state the purpose of the meal.

3. **“Heater”** meals shall:
   a. Meet the nutritional requirements of the Title III-C menu pattern.
   b. Contain canned foods with pull-top tabs when feasible, such as canned fruits.
   c. Have a written menu for the entire meal.
   d. Include written preparation instructions, state the purpose of the meal and contain a “use-by” date.

4. HDM clients shall have an emergency meal available. Shelf stable or “Heater” meals shall be replaced after each emergency use.
POLICY 307.05    SOUP AND SALAD BAR PROCEDURES

Nutrition contractors for Title III-C are encouraged to provide salad bars, which provide opportunity to reach a broader base of clients.

PROCEDURE A    SOUP AND SALAD BAR DEFINITION

1. A salad bar is a free-standing piece of equipment designed specifically to maintain temperatures of cold foods at or below 41°F and hot soups at 140°F or higher. Prepared salads, fresh fruits and vegetables, cold meats and cheeses and hot soups may be placed on a salad bar for self-service.

PROCEDURE B    SOUP AND SALAD BAR MENU REQUIREMENTS

1. A salad bar must contain the following:

a. One selection of dark, green leafy vegetables, such as spinach, broccoli or romaine lettuce.

b. At least four selections of fresh vegetable toppings (i.e., carrots, mushrooms, onions, peas, celery, green peppers and tomatoes).

c. At least two fruit selections, one of which shall be a fresh fruit (i.e., bananas, apples, grapes, oranges, pineapple, melons, strawberries, blueberries, kiwi, peaches, or pears). Non-fresh fruits may include raisins, dried apricots or other dried fruits, or canned or frozen fruits, such as melon balls, mandarin oranges, peaches, pears, or fruit cocktail.

d. At least one meat (i.e., cubed ham or turkey), or alternate (i.e. eggs, nuts, tofu or beans, such as chick peas).

e. At least one shredded cheese variety (shredded mozzarella cheese can be offered for a lower fat choice).

f. At least one bread, which may include croutons, breadsticks, crackers, rolls, cornbread, muffins, sweet bread or bagels. Whole wheat or multigrain products are highly recommended for increased fiber.

g. At least one prepared salad, such as potato, macaroni, pasta, three bean, cucumber, broccoli, seven layer, Betty salad or coleslaw.
Policy 307.05  Soup and Salad Bar Procedures

h. At least two salad dressings. Offering one low fat dressing is highly recommended for a low fat choice.

i. At least one “dessert” such as a gelatin salad, yogurt, pudding, cookies, muffin or nut bread.

j. Milk or alternate must be served with the salad bar (8 ounce yogurt may count as a milk serving).

k. Soup is optional. If soup is served, one shall be a broth-based soup or cream soup made with skim milk for a lower fat choice. Homemade soup or canned soups made with reduced sodium are highly recommended for a low sodium choice. If two soups are served, one shall contain meat or a meat alternate.

Procedure C  Soup and Salad Bar Food Safety

1. The salad bar must have a sneeze guard.

2. Each salad bar item must have its own serving spoon. Dressings and soups must have ladles.

3. Each cold food item on the salad bar must be maintained at 41°F or below, and hot foods shall be maintained at 140°F or higher. Daily temperature logs shall be maintained. At a minimum, these temperature logs should contain temperature of food items when placed on salad bar, at beginning of service, and at the end of service.

4. A variety of foods shall be served at the salad bar—all the exact same items may not be served on consecutive days.

5. Any opened items remaining on the salad bar after the salad bar service is completed shall be discarded. All perishable food items shall not be served more than one day. Whole fresh fruit (i.e., a banana, apple, pear, or orange) and packaged crackers, cookies, breadsticks can be properly stored and served at a later date.

6. No perishable food items from the salad bar shall be removed from the senior dining site.

Procedure D  Additional Requirements

1. Nutrition contractor shall obtain prior approval from the AOoA before offering a soup and salad bar at any senior dining site. The nutrition
contractor shall submit a written plan providing details of the soup and salad bar—equipment used, how it will be maintained, what foods will be provided, etc.

2. Soup and salad bar may replace a hot meal, if it meets the Title III-C requirements and the menu requirements outlined in Procedure B.
POLICY 308        LEVEL OF MEAL SERVICE PROCEDURES

Nutrition contractor shall ensure the level of meal service at the dining sites and for HDMs and participant choice and satisfaction meet the criteria as set forth in the Policy and Procedures for Nutrition Services.

PROCEDURE A  SENIOR DINING SITE LEVEL OF MEAL SERVICE

1. **Noon Meals**—The nutrition contractor shall furnish at a minimum, one hot meal per day on weekdays to eligible senior dining site participants in the Title III-C program.

   a. Meals shall be served at least five days (Monday through Friday) each week, unless a specific dining site has authorization from the AOoA to provide meals for less than five days.

      (1) Based on a calendar year, senior dining site meals shall be served a minimum of 248 days.

   b. Senior dining site mid-day meals shall be served at the dining sites between 11:30 a.m. and 12:30 p.m. unless a specific dining site has prior authorization from the AOoA to provide meals at a different or extended time.

   c. If two meals per day are provided, these will be two different meals. The participant may receive one hot meal for lunch and a frozen meal to take home for dinner with prior approval from the AOoA.

   d. Nutrition contractors shall insure each participant at the senior dining sites has the opportunity to enjoy meals in an unhurried, pleasant environment.

   e. Nutrition contractors shall provide activities at the senior dining sites to coordinate with the Meals with Appeal® fun days or ethnic days to encourage increased participation.

2. **Evening Meals**—nutrition contractor shall provide evening meals per a schedule, which is pre-approved by the AOoA and set forth in the Nutrition Contract.

   a. Evening meals shall be prepared at least one or more evenings per month for specific senior dining sites in each county or per a schedule, which has been pre-approved by the AOoA.
b. Evening meals shall be served between the hours of 4:00 p.m. and 6:30 p.m. Evening meals shall not be served before 4:00 p.m.

c. Any change in the pre-approved evening meal schedule shall be submitted in writing to the AOoA for prior approval.

d. If two meals per day are provided, these will be two different meals.

3. **Breakfast Meals** are optional.

   a. Before starting breakfast meals at any dining site, nutrition contractor shall submit in writing a plan for breakfast meals to include dates, times and menus to the AOoA for prior approval.

   b. Breakfast meals shall be served before 10 a.m. to not interfere with the noon meal.

   c. Breakfast meals should contain typical breakfast foods, which are defined as foods typically recognized as eaten for breakfast by majority of participants.

   d. Any change in the pre-approved breakfast schedule shall be submitted in writing to the AOoA for prior approval.

4. **Weekend Meals**—Nutrition contractors are encouraged to provide weekend dining site meals.

   a. Before starting weekend meals at any dining site, nutrition contractor shall submit in writing a plan for weekend meals to include dates, times, and menus to the AOoA for prior approval.

   b. Any change in the pre-approved weekend schedule shall be submitted in writing to the AOoA for prior approval.

5. **Holidays and Special Occasions**

   a. **Holidays**—the nutrition contractor shall ensure senior dining site participants have access to a meal on official holidays, when the dining site and kitchen would normally be closed.
(1) The nutrition contractor is strongly encouraged to offer holiday meals, at a minimum on Thanksgiving and Christmas, at one or more senior dining sites in the service area.

(2) The nutrition contractor will ensure, at a minimum, a frozen, shelf-stable, or heater meal is available to senior dining site participants who will be alone on Thanksgiving or Christmas.

(3) The meal provided should reflect the holiday being selected.

b. **Birthday party celebrations** shall be held monthly at each senior dining site.

(1) Nutrition contractor shall provide a decorated cake(s) sufficient to serve all site participants at the birthday party celebration.

c. **Potluck Meals** shall not be served for any Title III C meal, as all foods contributed for use in meals served or financed under federal or state funds shall meet those standards of quality, sanitation or safety that apply to foods purchased commercially.

(1) Foods cooked or prepared in an individual’s home shall not be used or accepted for any part or whole for a Title III C meal.

(2) “Potluck meals” are any meals that contain foods that are not prepared by an approved source. The most prevalent example would be a meal that contains items prepared/provided by a participant.

**PROCEDURE B**  
**HOME DELIVERED MEAL LEVEL OF SERVICE**

1. **Noon Meals**—Unless another HDM system is in place and has been pre-approved by the AOoA, the nutrition contractor shall furnish one **hot** meal per day on weekdays (at a minimum, Monday through Friday) to eligible HDM clients in the Title III-C program.
a. HDMs shall be delivered within a 2-hour window between 10:30 a.m. and 2:00 pm.

b. Based on a calendar year, HDMs shall be served a minimum of 260 days.

c. HDM service shall begin within 48 hours (two working days) of completion of eligibility determination.

d. The nutrition contractor shall provide a flexible delivery schedule as may be required by future innovative programs developed jointly with the AOoA.

(1) HDM clients may request service for less than the five days per week based on client need and caregiver availability.

e. Meals which require rethermalization, such as frozen meals, shall only be provided to HDM clients upon prior approval from the AOoA in a given service area, for providing additional needed meals, such as evening or weekend, or per HDM clients request due to preference or medical necessity, (i.e. not home three times per week due to dialysis).

f. If frozen meals for the entire week are delivered one day a week, then the nutrition contractor shall contact client by phone on non-delivery days. Phone calls shall be documented and available to the AOoA upon request. If there is documentation that the client does not wish to be contacted on non-delivery days, then the nutrition contractor does not need to call the client daily.

g. Any change in the pre-approved HDM noon delivery schedule shall be submitted in writing to the AOoA for prior approval.

2. **Breakfast, Evening or Weekend Meals**—Nutrition contractors are encouraged to provide a breakfast, evening, or weekend HDM program.

a. Before starting a breakfast, evening or weekend HDM program, nutrition contractor shall submit in writing a procedure/plan for HDM program to the AOoA for prior approval.

b. Any change in the pre-approved breakfast, evening or weekend HDM schedule shall be submitted in writing to the AOoA for prior approval.
c. Upon request and based on nutritional need, HDM clients shall be provided shelf-stable, frozen or “Heater” meals for evening or weekend meals.

3. Emergency Meals—HDM clients shall be provided with a shelf-stable meal(s) in advance of need for use in short term weather-related emergencies when weather conditions prevent regular delivery.

   a. Shelf-stable meals shall meet the nutritional requirements for Title III-C meal, include written preparation instructions, and information on the use of the meal.

   b. Shelf-stable meals shall be replaced after each emergency use.

4. Holidays and Special Occasions

   a. Holidays—Nutrition contractor shall ensure noon meals will be delivered on holidays, especially on Thanksgiving and Christmas.

      (1) If HDM service is not possible on holidays, the nutrition contractor shall ensure HDM clients have access to a meal.

      (2) On the working day prior to the holiday, the nutrition contractor shall deliver, along with the regular noon meal, a shelf-stable, frozen, or “Heater” meal for the holiday meal.

   b. Birthdays—Nutrition contractor is strongly encouraged to provide a small decorated birthday cake for each HDM client to be delivered with the meal on the client’s birthday or on one day during the month in which the client’s birthday occurs.

PROCEDURE C               PARTICIPANT CHOICE AND SATISFACTION

1. Participant Choice—Nutrition contractor shall adopt a client choice plan that offers all participants (including HDM clients) the opportunity to make choices about the food served to them by the following methods:

   a. Allowing each participant to make at least one of the following choices each meal:
(1) choice within the milk group
(2) choice within the bread group
(3) choice of desserts (if offered)
(4) choice within the fruit and vegetable groups, or
(5) choice of entrees (meat/alternate alone or combined with other foods)

b. Meeting with or surveying groups of clients to elicit input into the menu planning process.

c. Implementing any alternative plan approved by the AOoA.

2. **Participant Satisfaction**—A method to determine participant satisfaction for senior dining sites, as well as HDM clients, shall be developed and implemented and **the findings shall be utilized**.

a. Participants shall be provided with the opportunity to evaluate the elderly nutrition program in terms of satisfaction through a survey/questionnaire at least quarterly.

   (1) Survey results shall be reported quarterly to the AOoA.

   (2) Findings shall be utilized. A course of action shall be taken to responses on the survey. This plan of action shall be documented and submitted to the AOoA with the quarterly survey results.

   (3) Survey responses and course of action shall be kept on file for one year.

b. Food acceptance patterns—Determination of food consumption accomplished by estimating the number of persons who ate approximately half or less of their meals and identifying which items were left uneaten most often provides a more objective picture of actual consumption than comments offered at public meetings or in suggestion boxes.
POLICY 309 MEAL SERVICE PROCEDURES

Nutrition contractor shall ensure the dining environment, dining serving style, the tableware used for dining sites and HDM, portion control, second servings and the removal of food from the dining sites meet the criteria as set forth in the Policy and Procedures for Nutrition Services.

PROCEDURE A SENIOR DINING SITE MEAL SERVICE

1. **Dining Environment**—Individual meals served at senior dining sites shall meet the following meal service criteria:

   a. Participants shall enjoy meals in an unhurried, pleasant environment at a senior dining site

   b. Tables and chairs shall be arranged in such a manner participants, volunteers or staff can easily walk around and obtain or receive meals.

   c. Nutrition contractors are encouraged to arrange table tops with appropriate centerpieces and tablecloths or placemats to give a warm, cozy eating environment.

   d. Soft background music can be played during the meal, but dining sites shall refrain from having a television or videos (unless there is a special news bulletin or special fun day program) playing during the meals in order to encourage increased socialization.

2. **Dining Serving Style**—Participants shall receive their meals in the following manner:

   a. Participants shall be served:

      (1) The entire meal pre-portioned on a plate or tray and taken to the tables by staff or trained volunteers, or

      (2) From a serving line using a steam table or other pre-approved serving method, which is capable of maintaining safe temperatures.

   b. Any other type of dining service style, such as family-style service, shall be approved by the AOoA prior to utilization.

   c. Buffet style service, in which participants dish up their own food, shall not be used for meals eligible for Title III-C funds, except for a pre-approved soup and salad bar service.
3. **Tableware**—Every effort shall be made to use reusable table service (dishes and silverware) for senior dining sites when mechanical dishwashing equipment is available and used. Participants shall be served using the following table service:

   a. Dishes, china or plastic compartmentalized school trays which are:

      (1) Dry and free from surface scratches, damaged edges and worn-off glaze. Dishes or trays that show damage and wear shall be replaced by the nutrition contractor.

      (2) Dishes or trays, which are not stored and sanitized by an approved method at the senior dining site, will be counted out daily for each site, bagged and delivered to the site. At the end of the meal, soiled trays will be returned to the central kitchen for sanitizing.

      (3) Cups, glasses, bowls and plates shall be handled without touching the inside surfaces and surfaces that contact users’ mouths.

   b. Stainless steel knives, forks and teaspoons.

      (1) Silverware, which are not stored and sanitized by an approved method at the senior dining site, will be counted out daily for each site, bagged and delivered to the site. At the end of the meal, soiled silverware shall be returned to the central kitchen for proper washing and sanitizing.

      (2) Silverware shall be touched by only the handles. The recommended way to serve silverware is to wrap the knife, fork and spoon in a napkin.

   c. Quarterfold, single-ply napkins and single-wrapped plastic straws shall be provided with each meal.

   d. Salt and pepper shakers shall be provided on the tables or individual salt and pepper packages shall be provided with each meal.

4. **Portion control**—Participants shall be served the portion size as indicated on the menus to meet the required meal pattern. The proper
serving utensil shall be used to provide the correct serving size to all participants. **Each participant shall receive all the required meal pattern food items.**

a. The only acceptable reason for altering the pre-determined portion size would be the special request of a participant for less than the standard serving size or for the refusal of an item.

b. If a senior dining site is short on the amount of servings needed, every effort shall be made to obtain a full meal for all participants in attendance by obtaining a substitute food item of equal nutritive value or an entire meal to meet the menu pattern. Spreading of meals or meal items shall not take place, as not all participants will receive the required meal pattern food items.

c. Serving equipment shall be touched only by the handles.

5. **Second Servings**—Every effort shall be made to minimize food left-over.

a. Senior participants shall be offered the opportunity for second servings **before** staff or employees are entitled to purchase individual “left-over” meal items.

b. Second servings shall not be counted as an eligible Title III-C meal.

6. **Removal of Food from the Senior Dining Site**—Nutrition contractor shall develop a procedure for the removal of food by dining site participants at the end of a meal that allows clients to remove foods that are packaged and not potentially hazardous.

a. The procedure for the removal of food by dining site participants shall be posted in the dining area.

b. Foods that may be removed are fresh fruit, and prepackaged foods, such as bread, crackers, cookies, desserts, and juice.

**PROCEDURE B   HOME DELIVERED MEAL SERVICE**

1. **Tableware**— Individual meals provided to HDM clients shall meet the following meal service criteria:
a. Each HDM client shall receive all the required meal pattern food items packaged in the following manner:

(1) In disposable dishes or trays.

(a) Hot foods for HDM service shall be prepackaged in aluminum foil containers or plastic microwave/oven safe compartmentalized containers having a lid that can be tightly sealed shut. (Styrofoam carryout containers are unacceptable containers for HDMs.)

(b) Cold food shall be packaged in 5 ½ ounce and 8 ounce plastic soufflé cups or other appropriate containers with corresponding tight-fitting lids.

(2) Bread, bread alternate and margarine shall be individually packaged for each home delivery.
POLICY 310  FOOD PRODUCTION PROCEDURES

All food shall be selected, stored, prepared, packaged, and transported in such a way to ensure the maximum nutrient content and safety of the food.

PROCEDURE A  COMPLIANCE WITH ALL FOOD SERVICE AND HEALTH REQUIREMENTS

1. **Compliance**—Meal procurement/production and delivery functions shall be in compliance with all food service and health requirements established by local, state and federal boards of health.
   
a. Nutrition contractor must comply with the Ohio Uniform Food Safety Code Chapter 3717-1 Ohio Administrative Code (revised March 2005); and 9 Code of Federal Regulations (CFR) 303.1 (d) Retail Stores and Restaurants (Caterers and/or Central Kitchens).
   
b. Nutrition contractor shall ensure a current copy of the Ohio Uniform Food Safety Code is readily accessible at all food production sites for reference.

2. **Licenses/Permits**—Nutrition contractor shall ensure that they and their food production/delivery subcontractors have obtained all the necessary licenses, permits and food handler’s permits required by law.
   
a. Food service operator’s license shall be current and posted in the production area or dining area.
   
b. Nutrition contractor shall submit to AOoA, within five days of receipt, a copy of food service license(s) annually upon renewal.
   
c. A copy of all licenses and permits shall be kept on file and made available to the AOoA upon request.

PROCEDURE B  MANAGEMENT AND PERSONNEL

1. **Supervision/Person in Charge (PIC)**—Nutrition contractor shall designate a person or persons in charge of each food production site(s) and shall ensure that the person in charge has applicable food service knowledge and are present at the food production site(s) during all hours of operation.
   
a. Based on the risks of foodborne illness inherent to the food service operation, the person(s) in charge shall at all times be able to demonstrate the applicable knowledge of foodborne
b. Any staff member who is in a food service management position, is designated a person in charge (responsible for directing HDMs and/or senior dining site meal programs) or is responsible for food service monitoring/inspections shall have successfully completed the Applied Food Service Sanitation Course (NIFI) sanctioned and certified by the Education Foundation of the National Restaurant Association (NRA), either through ODA or local colleges, universities or technical schools offering the course.

(1) Nutrition contractor shall maintain documentation of course completion and certification and shall keep on file copies of certification of all required staff.

(2) Nutrition contractor shall ensure all required staff has current Applied Food Service Sanitation Course certification.

(3) All supervisors/ PIC shall be required to complete the Applied Food Service Sanitation Refresher Course re-certification at least every five years.

c. The person in charge shall ensure that:

(1) Employees/volunteers are effectively cleaning their hands, by routinely monitoring the staff/volunteers’ hand washing.

(2) Employees are properly receiving, storing and preparing foods, especially potentially hazardous foods.

(3) Employees are preventing cross-contamination of foods.

(4) Employees are not having direct hand contact with ready-to-eat foods.

(5) The food service operation is maintained in a clean, safe condition, and the facility and equipment is in good repair.

(6) Employees/staff/volunteers are properly trained in food safety as it relates to their assigned duties.
(7) All employees/staff/volunteers report disease or medical conditions that are transmissible through food.

2. **Training**—Nutrition contractor shall develop, implement and document a training plan, in addition to the orientation required by the Conditions of Participation (COP), for all employees, staff and volunteers who participate in food preparation, service and/or delivery.

   a. The training, at minimum, must develop skills and abilities in the following areas, or as it relates to their assigned duties:

      (1) Participant/client rights and responsibilities, including the handling of Program Income
      (2) Sensitivity to the needs of persons who are elderly or disabled
      (3) Handling emergencies, including client in distress or delivery vehicle breakdown
      (4) Defensive driving
      (5) Accident prevention and fire safety
      (6) Proper hygiene and hand washing skills and the reporting of any illness or medical conditions, which are transmissible through food
      (7) Responsibility of PICs
      (8) Food production and proper food handling techniques
      (9) Meal service and meal delivery, including proper portion control
      (10) Food temperature controls and procedures;
      (11) Proper food service sanitation
      (12) Menu requirements, special meal preparation and service (i.e., therapeutic diets)
      (13) Handling hazardous materials and safety, and
      (14) Observations of participant satisfaction and the importance of reporting potential problems or irregularities.

   b. The nutrition contractor shall develop a written staff/volunteer training plan annually and submit to the AOoA. Training requirements shall be specified in the contract if meal deliveries are a subcontracted service.

      (1) The plan shall specify dates of training, length of sessions, training instructors, course outline for each session and shall have the approval of a qualified dietitian.
      (2) All training shall be documented
(a) Employees/staff attending training sessions off-premises for which enumeration was made shall submit a written report to the program director within five days after the training, detailing the major points learned in the training and how this knowledge will be applied on the job.

(b) Training documentation, including lesson plans and attendance records, shall be kept on file up to three years and shall be made available to AOoA upon request.

(3) The nutrition contractor shall submit to the AOoA quarterly reports that document all training efforts.

3. Employee/Volunteer Health and Hygiene—The following employee/volunteer cleanliness, health, and hygienic practices shall be enforced:

a. Outer clothing—food service employees shall wear clean outer clothing to prevent contamination of food, equipment, utensils, linens or single-service or single-use articles.

b. Fingernails—Food service employees shall keep their fingernails trimmed, filed and maintained so the edges and surfaces are cleanable. Unless wearing intact gloves in good repair, a food employee may not wear fingernail polish or artificial fingernails when working with exposed food.

c. Jewelry—While preparing food, food service employees may not wear jewelry on their arms or hands except for a plain ring such as a wedding band and a medical bracelet. The medical bracelet may only be worn high on the arm or secured in a manner that does not pose a risk to the food.

d. Hair restraints—Food service employees shall wear hair restraints such as hats, hair coverings or nets designed and worn to effectively keep their hair form contacting exposed food, equipment or utensils. This provision does not apply to counter staff who only serve beverages and wrapped or packaged foods and wait staff if they present a minimal risk of contaminating exposed food.
e. Hand washing—All individuals, who are involved in the preparation and service of food, must wash their hands and exposed portions of their arms (or surrogate prosthetic devices for hands or arms), using the proper hand washing technique for at least 20 seconds, using a cleaning compound, several times a day when working. Hand washing must occur in a sink designated for such use. Food preparation and service sinks shall not be utilized for hand washing. There are a number of times when employees are expected to wash their hands, especially emphasizing the following times:

1. Before starting to work
2. After using restroom facilities
3. After touching raw meat
4. After coughing, sneezing, using a handkerchief or tissue or touching other exposed portions of the body (i.e., the arm, face, hair, eyes, nose, or mouth)
5. After smoking, eating, or drinking
6. After handling soiled equipment or utensils, and

Proper hand washing technique includes the following:

1. Vigorous friction on the surfaces of the lathered fingers, finger tips, areas between the fingers, hands and arms (or by vigorously rubbing the surrogate prosthetic devices for hands or arms) for at least 10 to 15 seconds, followed by;
2. Thorough rinsing under clean, running warm water; and
3. Immediately follow the cleaning procedure with thorough drying of cleaned hands and arms (or surrogate prosthetic devices).

Note: food employees shall pay particular attention to the areas underneath the fingernails during the above hand washing technique.

f. Employee/Volunteer Illnesses or Medical Conditions—Employees and volunteers who work in preparing or serving food should report to the person in charge if they have any of the following:

1. Vomiting, diarrhea, fever or sore throat with fever
2. *Salmonella*, *Shigella*, Shiga-toxin producing *E.coli*, Hepatitis A, or other intestinal illness diagnosed by a doctor
POLICY 310

FOOD PRODUCTION PROCEDURES

(3) Had a past illness from *S. typhi* within the last three months, *Shigella* within the past month, Shiga-toxin producing *E. coli* within the past month, or Hepatitis A virus

(4) Is suspected of causing, or being exposed to, a confirmed disease outbreak caused by *S. typhi, Shigella, Shiga-toxin producing E. coli*, or Hepatitis A virus.

(5) Open, blistered, or infected burns, boils, cuts, etc. on the hands or forearms

(6) Jaundice (yellowing of the skin or eyes)

(7) Persistent sneezing, coughing or a runny nose.

A written record of all employee illnesses listed above shall be kept and maintained for one year. The PIC will also notify the AOoA and the licensor when a food employee is diagnosed with *Salmonella, Shigella, Shiga-toxin producing E. Coli, Hepatitis A, Entamoeba, Campylobacter, Vibrio, Cryptosporidium, Cyclospora, Giardia or Versina*. When reporting to the AOoA, the PIC should not provide employee name(s). It is only necessary to report that a food employee at the facility has been infected with one of the above pathogens.

g. The person in charge shall exclude a food employee from food service operation who:

(1) Is experiencing vomiting, diarrhea, fever or sore throat with fever

(2) Has a stool that yields a specimen culture positive for *S. typhi, Shigella*, or Shiga toxin-producing *E. coli*

(3) Had a past illness from *S. typhi* within the last three months

(4) Had a past illness from *Shigella, or Shiga toxin-producing E. coli* within the last month, or

(5) Has jaundice, salmonellosis, typhoid fever, hepatitis A, amebiasis, campylobacteriosis, cholera, cryptosporidiosis, cyclosporiasis, giardiasis, or yersiniosis.

h. Nutrition contractors shall ensure food handlers do not consume food, chew gum or use tobacco in any form while engaged in food preparation, service or cleaning and sanitizing.

i. Nutrition contractors shall ensure all individuals, who are involved in the preparation and service of food, do not keep or store personal items, such as glasses, prescriptions, etc, in the food
production area or on self, in a top pocket, where these items could possibly fall out and contaminate food. Personal items shall be stored in a locker room.

j. Nutrition contractor shall ensure all employees and volunteers engaged in the preparation and service of food shall be instructed in and monitored for employing good sanitary work practices.

PROCEDURE C  PHYSICAL FACILITY

1. **Floors, walls and ceilings**—The floors, walls and ceilings shall be designed, constructed and installed so they are smooth and easily cleanable, except anti-slip floor coverings or applications, which are used for safety reasons. These surfaces shall be kept clean, in good repair and free of grease and debris. Mats shall be removable and easily cleaned. Any holes or gaps along the floors, walls or ceiling shall be filled or closed in. Attachments to walls or ceilings such as light fixtures, vent covers, wall mounted fans, decorative items and other attachments shall be easily cleanable and kept clean and free of debris.

2. **Lighting**—Light bulbs shall be shielded, coated or otherwise shatter-resistant in areas where there is exposed food, equipment, utensils or linens. Lighting shall be adequate in all food production areas or equipment areas as a safety factor.

3. **Heating, ventilating and air conditioning system vents**—Heating, ventilating and air conditioning systems shall be designed and installed so that air intake and exhaust vents do not cause contamination of food, food-contact surfaces, equipment or utensils. Hood filters and fans shall be clean and free from grease and contamination.

4. **Windows and Doors**—Windows shall be closed and tight-fitting. Doors shall be solid, self-closing and tight-fighting. Screens shall be used on any window open for ventilating and air curtains can be installed at heavily used doors to prevent entry of insects and rodents.

5. **Insect Control Devices**—Insect control devices that are used to electrocute or stun flying insects shall be designed to retain the insect within the device. Insect control devices shall be installed so that the devices are not located over food production area and dead insects and insect fragments are prevented from being impelled onto or falling on exposed food, equipment, utensils or linens.
6. **Restrooms**—Restroom facilities shall not open directly into the food preparation or dishwashing areas. Toilet facilities shall be accessible to employees. Restroom facilities shall have running hot and cold water, a supply of toilet tissue, hand washing soap, sanitary towels or hand drying device and at least one waste receptacle. A sign or poster that notifies food employees to wash their hands shall be clearly visible and provided at all hand washing lavatories used by food employees.

7. **Hand washing Sink in Production Area**—At least one hand washing sink shall be available in the production area. A sign or poster showing the proper hand washing technique shall be posted at the hand washing sink. This sink shall be used exclusively for hand washing and no food shall be cleaned or prepared in this sink.

**PROCEDURE D EQUIPMENT**

1. **Food service equipment** used in the production of meals shall meet the standards of the State of Ohio Uniform Food Safety Code and shall be:
   
   a. Adequate to serve current needs and level of service. Nutrition contractor shall ensure the necessary equipment is available to produce high quality menu items in sufficient quantity to meet production needs and timing.

   b. Kept clean and free of debris, breaks, open seams, cracks, chips, pits, inclusions or similar imperfections.

   c. In good repair and in operation. Any equipment not in use shall be removed, repaired or replaced.

   d. Sealed to the floor, if floor-mounted equipment, or installed on a raised platform or elevated on legs to provide 6 inches of clearance for cleaning. Sufficient space shall be provided for easy cleaning between, behind and above fixed equipment or is sealed to adjoining equipment.

2. **Multiuse utensils and food contact surfaces**—Materials that are used in the construction of utensils and food-contact surfaces of equipment may not allow the migration of deleterious substances or impart colors, odors or tastes to food and shall be safe, durable, easily cleaned and resistant to pitting, chipping, crazing, scratching, scoring, distortion and decomposition.
a. Cast iron equipment shall not be used for utensils or food-contact surfaces of equipment except as the surface for cooking, such as the stove burners.

b. Ceramic, china, crystal utensils and decorative utensils, such as hand-painted ceramic or china that are used in direct contact with food shall be lead-free.

c. Cutting boards and blocks shall be made from plastic washable materials or hard maple that is not absorbent and meets all code requirements and is free of seams and cracks.

d. Cutting or piercing parts of can openers shall be readily removable for cleaning and for replacement.

e. Food temperature measuring devices may not have sensors or stems constructed of glass, except that thermometers with glass sensors or stems that are encased in a shatterproof coating such as candy thermometers may be used.

   (1) Food temperature measuring devices shall be accurate to plus or minus 2°F in the intended range of use. Routine calibration shall be done to maintain accurate temperature readings.

PROCEDURE E  PURCHASE OF FOOD AND SUPPLIES

1. Food—all foods contributed for use in meals served or financed under federal or state funds shall meet those standards of quality, sanitation or safety that apply to foods purchased commercially. Nutrition contractor shall ensure that all food is purchased/donated from an approved source and produced in plants which meet federal and state sanitation requirements.

   a. Food shall be wholesome, in sound condition, and be free from spoilage and foreign objects.

   b. Specific types of potential contributions shall be handled in the following manner for all meals prepared at the central kitchen:

      (1) Home-canned or preserved foods shall not be accepted or used.
(2) Foods cooked or prepared in an individual’s home shall not be used or accepted.

(3) Road-killed deer and road-killed game shall not be used or accepted.

(4) Wild game donated by hunters shall not be accepted or used.

(5) Fresh or fresh-frozen fish donated by sportsmen shall not be accepted or used.

(6) Fresh fruit and fresh vegetables grown in a personal garden or local farm may be accepted and used.

2. Supplies—Nutrition contractors shall purchase supplies to meet the Meal Service Procedures as listed in Policy 309. Nutrition contractors are encouraged to participate in group purchasing to help reduce the overall cost per meal by buying supplies in bulk.

3. Deliveries and Inventory Control—Nutrition contractors shall ensure all preparation kitchens use appropriate receiving practices and inventory cost control.

   a. Inventory Control—All preparation kitchens shall use food cost and inventory systems. The inventory value shall be used when determining food meal costs.

   (1) A current file shall be maintained on all food product information for easy access to ingredient content. The file may be in the form of an electronic database available from distributor, which allows access to food product information. An example is the Gordon Food Service software.

   (2) Nutrition contractors shall ensure there is at least a three-day supply of food on hand in case of an emergency.

   (3) Incoming food shall be dated and placed to the rear and current inventory shall be rotated to the front.

   (4) Physical inventories shall be done at least quarterly.
(5) Purchase and inventory reports and records shall be maintained on file for at least two years.

b. **Deliveries**—Nutrition contractor shall inform vendors of his/her required compliance with the delivery acceptance procedure. The following procedures shall be completed at all preparation kitchens when receiving food deliveries:

(1) Deliveries shall be received only by authorized site personnel.

(2) Deliveries shall be accepted only after the delivery has been inspected and checked against purchase order/invoice to determine that quality and quantity are indeed what has been ordered. Do not accept any canned goods which are dented, cracked or bulging. Refrigerated, potentially hazardous food shall be at a temperature of 41°F or below when received. Frozen foods shall be received frozen.

(3) Only authorized personnel shall sign delivery receipts after inspecting delivery for acceptance.

**PROCEDURE F STORAGE**

1. **Dry Food Storage**—All dry food and food supplies shall be stored in a clean, dry location where it is not exposed to splash, dust or other contamination. Dry food may not be stored in locker rooms, restrooms, dressing rooms, garbage rooms, mechanical rooms or under sewer lines that are not shielded to intercept potential drips, under leaking water lines, including leaking fire sprinkler heads, under water lines on which water has condensed, under open stairwells or under other sources of contamination.

a. The dry storage room shall preferably be kept at a temperature of 50°F to 70°F to ensure quality of the foods stored.

b. All foods and supplies shall be stored at least 6 inches off the floor and packed in a manner to allow air to flow freely around food and supplies. Keeping food above the floor eliminates hiding places for pests, makes cleaning easier, protects food from dampness and helps keep food containers clean.
c. Food packages shall be in good condition and protect the integrity of the contents so that the food is not exposed to adulteration or potential contaminants.

d. Bulk food, such as cooking oil, salt, sugar, flour, pasta, etc., shall be stored in the product container package in which it was obtained or stored in an appropriate container identifying the food by common name.

e. All dry foods shall be stored separately and in a separate place from all chemicals, toxic materials and maintenance or cleaning tools.

f. If there are windows in the storeroom, they shall have frosted glass or shades, since direct sunlight can increase the temperature of the room and affect food quality.

g. Any cracks or crevices in the floor or walls in the dry storage area shall be filled.

h. Shelving shall be of non-corrosive materials and be in good condition.

2. **Cold Food Storage**—All cold foods shall be stored at the proper temperatures in such a way to prevent the growth of foodborne illness bacteria, prevent cross contamination of foods and prevent condensation or drippage onto foods stored in the refrigerator or freezer.

a. The temperature of all refrigeration units shall be kept at 38°F or below in order to maintain all food at 41°F or below.

b. The temperature of all freezer units shall be kept at 0°F or lower.

c. Temperatures shall be monitored in all refrigeration and freezer units, checked regularly, and recorded. Even if there is an outside thermometer, one thermometer shall be placed in the warmest part of the unit, preferably near the door, to ensure that the proper minimum temperature is maintained. It may be useful to have more than one thermometer in order to check for hot spots and temperature variations.

d. Immediately after delivery and inspection, all cold foods shall be stored in the appropriate refrigeration unit. Products shall be
POLICY 310   FOOD PRODUCTION PROCEDURES

kept frozen or refrigerated and not held at room temperature under any circumstances.

e. Refrigeration units shall be sealed to the floor or elevated on legs at least six inches off the floor.

f. Shelves shall be easily cleanable, nonabsorbent material and be removable for easy cleaning.

g. Refrigeration inside surfaces shall be free of chipping, cracking, corrosion, debris, moisture or ice build-up and condensation.

h. Frozen food inventories shall be rotated on a First-In, First-Out (FIFO) basis. Each product shall be marked with date of entry and expiration date.

i. Foods purchased in ready-to-eat form, such as sliced sandwich meats and hot dogs, shall be date-labeled, stored below 41°F and served within seven days after opening.

j. Refrigeration units shall be packed to allow proper airflow to maintain required cold and frozen-holding temperatures and prevent moisture build-up. Over packing subjugates proper refrigeration techniques.

k. All foods shall be properly placed on shelves to prevent cross-contamination of foods. (See Appendix for proper storage placement of cold foods to prevent cross contamination.)

3. Food-Contact Equipment Storage—All food-contact equipment shall be stored in a sanitary manner.

a. Food-contact equipment and utensils, including disposal items and HDM insulated carriers, shall be stored at least 6 inches above the floor in a clean dry location.

b. All food-contact equipment and utensils shall be air-dried and completely dry before storing.

c. Glasses and cups shall be stored inverted on a clean nonabsorbent surface.
d. All food-contact equipment and HDM insulated carriers shall be stored in a separate place from all chemicals, toxic materials, and maintenance or cleaning tools.

e. All food-contact equipment and HDM insulated carriers shall not be stored exposed to unprotected sewer or water lines.

4. **Chemical Storage**—All chemicals and toxic materials shall be stored separately from each other and in a place used solely for no other purpose and away from all food or food-contact equipment storage.

   a. Chemicals (detergents and sanitizers) and other toxic materials shall be kept in their original containers and distinctly labeled for easy identification.

   b. No pesticides shall be stored in food production, storage, receiving or service areas. Please note 3717-1-7.1 OAC states general use pesticides, other than incidental use, shall be applied by a commercial, licensed applicator. “Incidental use” means the application of a general use pesticide on an occasional, isolated, site-specific basis in order to avoid immediate personal harm.

   c. Maintenance and cleaning tools (mops, brooms, vacuums and mop buckets) shall be stored separate from foods and food-contact equipment storage.

**PROCEDURE G FOOD HANDLING PROCEDURES**

1. **Standardized Recipes**—Standardized recipes shall be made available and used in the development, production, portion control and costing of meals.

   a. One approved source of standardized recipes is “Food for Fifty”.

   b. Recipes shall verify the appropriate serving sizes as they appear on the weekly production spreadsheets/menus.

   c. Standardized recipes shall be kept on file in the food production area and be available to the production personnel.

   d. Standardized recipes shall be checked and approved by a registered-licensed dietitian.
2. **Defrosting**—Defrosting shall be done in the refrigerator at 41°F or less, under cold running water (completely submerged at a water temperature of 70°F or less) or part of a conventional cooking process.

   a. Cold foods shall be removed from cold storage only in the quantities that can be used immediately.

   b. Products shall be kept frozen or refrigerated and not held at room temperature under any circumstances.

3. **Prep Work and Cooking**—All foods shall be prepared in a method which protects against potential contamination and unacceptable microbial growth.

   a. Nutrition contractor shall ensure their food production sites follow a HACCP (Hazard Analysis Critical Control Point) or S.A.F.E. (Sanitary Assessment of the Food Environment) food safety program.

      (1) All foods most likely to be implicated in a foodborne illness outbreak shall be identified.

      (2) A potentially hazardous food shall be followed through the flow of food production.

      (3) Determine which conditions lead to foodborne disease and nutrition contractor shall ensure these conditions are eliminated or changed by implementing appropriate food production procedures.

   b. Nutrition contractor shall ensure contamination from hands is prevented.

      (1) Nutrition contractor shall ensure proper hand washing techniques are used.

      (a) Nutrition contractor shall post a sign at the hand washing sink, which reminds staff and volunteers to wash their hands and explains the proper hand washing technique.

      (2) Except when washing fruits and vegetables, food employees and volunteers may not contact exposed, ready-to-eat food with their bare hands and shall use suitable
utensils such as deli tissue, spatulas, tongs, single-use gloves or dispensing equipment.

(3) Food employees shall minimize bare hand and arm contact with exposed food that is not in a ready-to-eat form.

c. Nutrition contractor shall ensure contamination from food surfaces, equipment and utensils are prevented.

(1) Nutrition contractor shall ensure all food-contact surfaces and utensils are clean and sanitized before each food item preparation to prevent contamination and cross contamination.

(2) Thermometers must be washed, rinsed and sanitized.

d. Nutrition contractor shall ensure proper techniques and temperatures are followed when preparing or cooking foods.

(1) Raw fruits and vegetables shall be thoroughly washed with potable water before being prepped, cooked or served.

(2) All cold potentially hazardous foods shall be kept at 41°F or below during holding, serving and transporting.

(3) All hot potentially hazardous foods shall be cooked to the required temperature for each food item as listed in Appendix.

(4) All hot potentially hazardous foods shall be maintained at 140°F or above during holding, serving and transporting.

(5) Nutrition contractor shall ensure adequate equipment is used to ensure safe temperatures of potentially hazardous hot and cold foods for holding, serving and transporting all foods.

(6) Nutrition contractor shall ensure all central kitchens, each senior dining site and HDM delivery personnel are properly equipped with a metal stem numerically scaled product thermometer with dial or digital readout.

(7) Nutrition contractor shall ensure all central kitchens and senior dining sites shall have a measuring device with a suitable small-diameter probe that is designed to measure
the temperature of thin masses, such as meat patties and fish fillets.

(8) Nutrition contractors shall ensure thermometers are checked for accuracy at least once per week or after a thermometer is dropped. If a thermometer cannot be adjusted and does not read 32°C when tested in a glass of ice water, it shall be thrown away or replaced.

(9) If all or part of a hot food has been prepared ahead for the next day meal, it shall be cooled as follows:

(a) Using a quick cooling method such as an ice bath, chilling wands or paddles or placed in the cooler in shallow metal pans.

(b) Hot foods shall be cooled from:
   • 140°F to 70°F within 2 hours; then--
   • 70°F to 41°F within a total of 6 hours.

4. **Serving**—All foods shall be served in a method which protects against potential contamination and unacceptable microbial growth.

a. At all senior dining sites, the temperature of all foods served shall be taken just prior to serving and shall be recorded.

b. The production site or central kitchen shall prepare a “test” meal, date label it and place it in the refrigerator for two days to be used for testing if a potential foodborne illness has been reported.

c. Nutrition contractor shall ensure employees and volunteers are using the proper serving utensil(s) to provide the proper serving size as indicated on the production menu.

(1) A portion size chart of all foods used/served shall be posted in the food production and serving areas at all senior dining sites.

(2) The chart shall indicate serving size to be served and the proper utensil to be used to provide that serving size.
(3) The portion size chart, including any changes to the chart, shall be approved by a registered-licensed dietitian prior to posting in all serving/production areas.

d. Nutrition contractor shall ensure all serving utensils are touched only by the handles. If the hands are in direct contact with the food, nutrition contractor shall also ensure food servers are using single-use gloves.

e. Nutrition contractor shall ensure silverware is pre-wrapped in a napkin or is placed in the silverware container with the handles facing up; therefore, participants or servers touch only the handles.

f. Nutrition contractor shall ensure all employees and volunteers handle cups, glasses, bowls and plates (reusable or disposable) without touching the inside surfaces or surfaces that contact users’ mouths.

g. Condiments, seasonings and dressings for counter use and self service shall be provided in individual packages or from dispensers with the exception that ketchup and mustard can be served in original container or in a pour-type dispenser.

h. Any food on display shall be protected from consumer contamination by use of packaging or a protected display case.

5. **Leftovers**—Nutrition contractor shall take appropriate measures at the production site to minimize food left over.

a. Nutrition contractor shall ensure that no senior participant has been denied a meal or a second serving if there is food left over.

b. Senior participants shall be offered the opportunity for second servings **before** staff or employees are entitled to purchase individual “left-over” meal items.

c. Foods, as a result of overproduction, may be incorporated in the next day’s menus only if it has been promptly refrigerated **immediately after preparation** and it has not been on the steam table or serving counter. It must be reheated to 165°F.

d. Leftover bulk food that has been allowed to remain on a steam table or serving counter at the preparation site or senior dining
POLICY 310  FOOD PRODUCTION PROCEDURES

site for more than 60 minutes shall be discarded. Food remaining longer than 60 minutes, or if the temperatures fall below 140°F, shall be discarded.

(1) Leftover food at senior dining sites shall be either discarded or sent back to the production kitchen where it will be discarded. Exceptions are fresh fruit, packaged cookies, crackers, bread, and juice, and unopened cartons of milk that have been properly refrigerated.

(2) Leftover food shall not be used to extend future meals (i.e., leftover vegetables that have been on the steam table may not be used for vegetable soup.)

e. Leftover food shall not be used in the packaging of frozen meals or home delivery.

f. A detailed written policy on leftovers, approved by the registered-licensed dietitian, shall be posted in the food production and serving areas.

PROCEDURE H  MEAL DELIVERY AND TRANSPORT PROCEDURES

1. Packaging—All bulk foods and home delivered meals shall be packed in such a manner to ensure the maximum nutrient content, safety and quality of the food.

   a. Temperatures at time of packaging shall be documented and be as follows:

      (1) Hot HDMs and hot bulk senior dining site meals shall be packed at a temperature of at least 160°F.

      (2) Cold foods shall be packed at a temperature of 41°F or below.

      (3) Frozen foods shall be packed at a temperature of 32°F or below.

      (4) Products which are not potentially hazardous and do not need to be held above 140°F or below 41°F are exempt.

   b. Preheat Hot Shot vehicles or warm up the heat stones used to maintain required temperatures in food carriers.
c. Bulk foods and supplies for delivery to senior dining sites shall be packed as follows:

(1) Hot bulk foods prepared in stainless steel pans shall be covered with parchment paper (to prevent discoloration resulting from interaction of steam and aluminum foil) and covered with aluminum foil. These serving pans shall be placed in insulated food carriers with insulated covers which latch in place prior to transport.

(2) Cold bulk foods prepared in stainless steel pans shall be covered with aluminum foil or plastic wrap and placed in insulated food carriers/coolers with insulated covers which latch in place.

(3) Milk, juice and individually wrapped or prepared cold foods shall be placed in insulated food carriers/coolers.

(4) Compartmentalized trays, serving utensils and tableware shall be placed in plastic bags for safe transportation.

d. Senior dining sites shall receive bulk foods and serve participants on reusable tableware unless nutrition contractor has pre-approval from the AOoA to provide dining site meals in individual HDM containers.

e. HDMs shall be packed at the central kitchen or at pre-approved satellite sites as follows:

(1) Hot foods for HDMs shall be prepackaged, at production or satellite site, in aluminum foil containers or plastic microwave/oven safe compartmentalized containers having a lid that can be tightly sealed shut. These individual meals can be placed in larger insulated food carriers with insulated lids, which close tight and use heat stones or some other method to maintain required temperatures, or place directly on Hot Shot trays and place directly into the heated section of the Hot Shot vehicle.

(2) Cold foods shall be packaged in 5 ½ ounce and 8 ounce plastic soufflé cups or other appropriate containers with corresponding tight-fitting lids. These individual cold food containers or prepackaged cold foods, such as margarine,
can either be placed in a larger insulated carrier/cooler with insulated lids, which close tightly and packed with “Blue Ice” or some other method able to maintain required temperatures; or placed on a Hot Shot tray and placed directly into the refrigerated section of the Hot Shot vehicle. All cold items can be placed in individual bags with HDM client’s name on it and placed in a carrier or Hot Shot vehicle.

(3) Bread, bread alternate and other prepackaged foods, which do not require refrigeration, shall be placed in individual bags. Items for clients that receive special diets, such as No Concentrated Sweets or No Added shall be clearly identified. These items do not need to be placed into a food carrier, but it is recommended to place these items with the cold foods.

(4) Meals in which clients receive special items or diets, such as No Concentrated Sweets or No Added Salt, shall be clearly identified.

2. **Meal Transport System**—Nutrition contractor shall be responsible for and ensure prompt delivery of safe nutritious meals to the senior dining sites and to HDM clients.

a. **Maintaining Temperatures**—Nutrition contractor shall ensure all bulk dining site food and HDM meals are transported in a system capable of maintaining the food at the following temperature at point of consumption:

   (1) Frozen foods at a temperature of 32°F or below.
   (2) Cold foods at 41°F or below.
   (3) Hot foods at 140°F or above.

b. There shall be no more than three (3) hours between the time the first HDM meal is portioned to the delivery of that meal to the client.

   (1) Products which do not need to be held above 140 ° F. or below 45 ° F are exempt.

   (2) A delivery schedule shall be kept recording temperature and time meals left production site.
c. Documenting Temperatures—Nutrition contractor shall monitor and document temperatures of food in transit. Documentation shall be kept on file and made available to AOoA upon request.

(1) Temperature of foods shall be taken and recorded at time of packing meals.

(2) Temperature of bulk dining site foods shall be taken and recorded upon receipt of the food and just prior to serving to ensure proper temperatures are maintained.

(3) At least quarterly, nutrition contractors shall test, and record the end temperatures of a sample HDM on at least the longest HDM route, especially those routes which do not use a Hot Shot vehicle.

(a) Nutrition contractor shall submit quarterly a copy of the End Route Temperature Report to the AOoA (See Appendix for HDM Temperature Check and Route Monitoring Checklist).

(b) If any temperatures fall into the danger zone (41°F - 140°F), a corrective course of action to address the temperature concerns shall be submitted with the quarterly End Route Temperature Report.

c. Delivery Equipment—all equipment used to transport food and supplies shall meet the standards of the Ohio Uniform Food Safety Code and be in compliance with all food service and health requirements established by local, state and federal boards of health.

(1) Nutrition contractors shall be responsible for obtaining and properly maintaining, repairing and replacing all components of the tray/carrier/meal transport system.

(2) All equipment used to transport food and supplies shall be clean and in good repair.

d. Delivery Vehicles—all vehicles used in the delivery of food shall meet the standards of the Ohio Uniform Food Safety Code and be in compliance with all food service and health requirements established by local, state and federal boards of health.
(1) Vehicles, including the personal automobiles used by individuals who deliver HDMs, shall be clean, properly maintained and be properly insured. A copy of the certificate of insurance and vehicle registration must be maintained in each vehicle.

(2) A record of all vehicle purchases, maintenance and repairs, insurance and number of miles traveled per day per vehicle shall be kept and be made available to AOoA upon request.

(3) Any purchase of vehicles with Title III-C funds, including program income, shall be approved by the AOoA and ODA.

(a) A formal written request must be made to the AOoA, which includes the following information:

i. Addresses the need for the vehicles
ii. States the type of vehicle that will fit need
iii. Lists prices from at least three authorized vendors
iv. Reports the number of clients to be served
v. Outlines the method of vehicle maintenance, and
vi. Documents the need for the vehicle. A needs assessment study or survey of the recipient population is an example of the necessary documentation.

(b) AOoA will respond in writing as to whether the request is approved or denied. If approved, the vehicle should be purchased from the dealer which has the best comparative price.

(4) The nutrition contractor shall include signage of the vehicle stating “funded in part by Title III and the Older Americans Act and Lucas Senior Service Levy (if applicable), and the funds were administered through the Area Office on Aging of Northwestern Ohio, Inc., and the Ohio Department for purchase of this vehicle.”

(5) Any vehicle purchased with Title III-C or VII funds shall not be disposed of without written approval from the AOoA.
(a) A formal written request must be made to the AOoA, which:

i. Describes the vehicle in terms of model, make, year, mileage, overall condition (including mechanical and exterior) and reason for disposal of vehicle
ii. Lists loan value and retail value from the NADA “Blue” book for the vehicle, and
iii. States requested method of disposal.

(b) In order to preserve Federal Funds, the maximum amount possible shall be obtained when disposing of a vehicle.

i. At least three bids (offers) shall be obtained and the highest bidder should purchase the vehicle.
ii. A copy of the receipt of sale shall be sent to the Area Office on Aging of Northwestern Ohio, Inc., along with the funds obtained from the sale. Funds will be put back towards the Entitlement from which it came.
iii. If vehicle is to be traded in for another vehicle, the trade-in amount towards the new vehicle should be greater than or equal to the highest amount stated by the bidder. The amount applied toward the new vehicle is still considered to be from the appropriate Title III fund unless returned to AOoA.

(c) The provider may transfer the vehicle to another organization’s non-profit use when the following circumstances exist:

i. Vehicle mileage is 150,000 or more
ii. Poor mechanical and exterior conditions are present
iii. The fair market value is $1,000 or less, and
iv. The vehicle is seven years or older.
(6) Vehicles purchased from Title III-C funds shall only be used to deliver food to congregate nutrition sites or homebound Title III-C-2 meal recipients.

(7) Vehicles shall meet the following requirements:

(a) Seating
   
   i. All seats shall be securely fastened to the floor.
   
   ii. No broken tubing or protruding pieces of metal around any seat.

(b) Defrosters and Heaters

   i. Operate normally.
   
   ii. Heaters are free of leaks.
   
   iii. Hoses are in good condition; no cracks or leaks.
   
   iv. Operate normally.
   
   v. Heaters cores are free of leaks.
   
   vi. Hoses are in good condition; no cracks or leaks.
   
   vii. Heater cores are clean, without obstruction to flow of air.
   
   viii. Fan guards are metal or plastic.

(c) Windshield Wipers/Washers

   i. Operate normally.
   
   ii. Wiper blades clean the driver’s field of vision.
   
   iii. Wiper blades are NOT brittle or badly worn.
   
   iv. Windshield washers operate normally.

(d) Floor

   i. Floor is metal and intact without holes.

(e) Mirrors
POLICY 310  FOOD PRODUCTION PROCEDURES

i. At least one rear view interior mirror properly secured and in proper placement.

ii. At least one mirror on each side of the vehicle properly secured and in proper placement.

iii. Prismatic lens properly installed.

iv. All mirrors enable driver to see a clean image - each mirror is without cloudiness, cracks or other obstacles on the mirror to interfere with reflection.

(f) Emergency Equipment

i. At least three red reflectors.

ii. Dry chemical fire extinguisher with visible gauge, 5 lb. With a minimum rating of 20 B.C. and is securely mounted near the driver for easy assess.

(g) Brakes

i. All brake lines are properly located, free of crimps, rust, brakes in integrity, and are not in contact with inappropriate vehicle components.

ii. Tail exhaust pipes are properly secured to prevent dropping on brakes lines.

iii. On vehicles using vacuum assisted brakes: wheel cylinders, master cylinders, hydrovac, and hose connections are free of fluid leaks.

iv. On vehicles using air brakes: Reservoirs, chambers, valves, connections, and lines are free of air leaks.

v. Brake pads will be checked by vehicle manufacturer’s specifications.

vi. All moisture ejection valves are free of leaks and are in proper working order.

(h) Emergency Brake
i. Vehicle must have a functional emergency brake must be capable of stopping or holding the vehicle in an emergency or while parked. The emergency brake shall hold the vehicle on any grade, under all conditions of loading, on a surface free of snow, ice, or loose material.

ii. If the emergency brake is located on the drive shaft:
   - Brake holds the vehicle in parked position
   - Assembly is properly mounted
   - Brake cables are not hazardously worn and are properly lubricated.

(I) Steering Gear

i. Steering shaft has no more than ½ inch upward motion when steering wheel is pulled upwards.

ii. Steering gear assembly, power steering unit, brackets and mounting bolts are securely fastened.

iii. Power steering, if installed, is operative, properly mounted, with correct fluid levels and belt tensions.

iv. Tie rod ends are properly functional.

v. Tires do not rub any chassis or body component in any position.

(j) Horn

i. Operates normally.

(k) Windshield/Windows

i. Window glass is free of chips or cracks and is securely mounted with no exposed edges.
ii. Plexiglass may not be used to replace safety glass.

(l) Springs/Shocks

i. All springs and/or shocks are intact and properly mounted.

(n) Tires

i. Must have not less than 2/16 inch tread pattern measured anywhere on tire.
ii. No retread tires are located on steering axle.
iii. Tire condition is free of irregular wear, cuts, bruises, breaks.
iv. Tires and wheels are in proper alignment and balance.
v. All lugs are present and tight on wheels.
vi. All tread types match for mated dual tires.

(o) Exhaust System

i. Exhaust system is in good condition, working order, and intact.
ii. All pipe and muffler joints are properly welded or clamped.
iii. Exhaust manifolds are free of cracks and missing bolts.

(p) Lights

i. Lights are in good working order and meet ORC and OAC requirements for vehicle lighting.

(q) Body Condition
i. The body is intact and free of broken parts which could cause injury.

(r) Gas Tank

i. Tank shall be free of rust/damage and/or leaks.

ii. Tank is securely mounted.

(s) Cleanliness

i. The seating area and aisle is free of debris.

e. **Delivery Personnel Requirements**—All delivery personnel, including volunteers, shall meet the following criteria before delivering any HDMs:

(1) All drivers, including volunteers, shall be properly trained in all the areas as detailed in Policy 310: B, 2.

(2) All drivers shall possess a current valid driver’s license.

(3) Drivers using personal automobiles for delivery shall have adequate automobile insurance.

(4) A copy of all training requirements, current valid driver’s license and auto insurance shall be kept in each delivery personnel’s file. These documents shall be made available to AOoA upon request.

(5) Delivery personnel shall have a clean, neat and pleasant appearance.

(6) Delivery personnel shall follow a Code of Ethics. Delivery personnel shall not:

- Use the HDM client’s vehicle
- Consume the HDM client’s food or beverages without the client’s offering and consent
- Use the client’s telephone for personal calls
- Discuss personal problems, religious or political beliefs with client
• Accept gifts or tips from clients
• Bring friends or relatives to the client’s home
• Consume alcoholic beverages or use medicine or drugs for any purpose other than medical while in the client’s home or prior to the delivery of service
• Smoke in the client’s home, with or without the client’s permission, and
• Eat own food brought into the client’s home without the client’s consent.

(7) Delivery personnel must meet vision and hearing qualifications contained in 49 CFR, Part 391.41.

f. Transport Procedures—The prompt safe delivery of all bulk dining site meals and HDMs shall be ensured.

(1) Dining site and HDM delivery schedules shall be posted in the production area and at each dining site.

(2) Meals that are consistently late/early in reaching the dining site or the HDM client may cause the nutrition contractor to be in violation of the contract.

(a) Consistently early/late meals are defined as over 15 minutes early/late more than once a week or more than three times in a month under normal weather conditions.

(b) A delivery time log report of all meal deliveries to the dining sites and to HDM clients shall be well documented, kept on file, and be available to the AOoA upon request.

(3) Senior Dining Site Meal Delivery—The following procedures shall be used in the delivery of bulk foods to senior dining sites:

(a) A Dining Site Delivery Schedule Report shall be kept recording temperature at time of packing, the time food left the production site, and temperature and time of arrival at dining site and temperature at serving.
(b) The PIC shall be responsible for inspecting bulk foods prior to departure and documenting required departing temperatures and times on the Dining Site Delivery Schedule Report.

(c) There shall be no more than 60 minutes between the time food leaves the production site and reaches the dining site. An exception is made when food is transported in a heat/cold-maintaining vehicle, such as a Hot Shoot truck.

(d) The delivery schedule shall allow site personnel sufficient time for inspection and set-up after food is delivered so that the meal can still be served on time.

(e) The site manager or representative accepting delivery at the dining site shall be responsible for signing the Dining Site Delivery Schedule Report verifying the receipt of all foods, the time of delivery and the temperature of foods at receipt and just prior to serving.

(f) Dining Site Delivery Schedule Reports shall be kept on file and made available to AOoA upon request.

(g) Upon arrival at dining sites, food shall be placed immediately in steam tables or in similar hot food or cold food holding facilities to maintain safe temperatures until serving time.

(4) **HDM Delivery**—The following procedures shall be used in the delivery of HDMs:

(a) A HDM Delivery Schedule Report shall be kept recording temperature at packing, the time meals left the production site, the time the first and last meal was delivered and comments about the delivery of any meal, such as no one was home to deliver the meal or meal delivery was late due to weather.

(b) The person in charge shall be responsible for inspecting each food carrier prior to departure and
documenting required departing temperatures and times on the HDM Delivery Schedule Report.

(c) Each HDM vehicle driver shall have a kardex or routing schedule with a list of HDM clients, delivery addresses and any special instructions about the client or delivery.

(d) Nutrition contractors shall ensure HDMs are provided to clients on an individualized flexible schedule per client’s needs as evidenced in the delivery schedule.

(e) HDMs shall not be left if there is no one to receive the meal. A meal may not be left with a neighbor.

(f) HDM vehicle driver shall document the time the first and last meal was delivered and initial when the entire route has been delivered.

(g) There shall be no more than three (3) hours between the times the first HDM meal is portioned to the delivery of that meal to the client.

(h) All carriers shall be returned after all deliveries are complete for proper cleaning, sanitizing and storing.

(i) HDM Delivery Schedule Reports shall be kept on file and made available to AOoA upon request.

(j) At least quarterly, nutrition contractors shall test and record the end temperatures of a sample HDM on at least the longest HDM route, especially those routes which do not use a Hot Shot vehicle. Nutrition contractor shall submit quarterly a copy of the End Route Temperature Report to the AOoA.

(k) Nutrition contractor shall maintain a telephone communication log for all HDM client calls for HDM service (i.e., late meals, missing items, stop meals or any other HDM service concerns.)

(l) HDM phone communication log shall be kept on file and made available to AOoA upon request.
(m) HDM clients will not receive more than one meal per eating occasion. For example, a leftover, non-delivered meal cannot be delivered as an extra meal to another client on the same route. Overfeeding and possible foodborne illnesses could result. Three to four hours must transpire between consumption of eligible meals; however, one hot meal for lunch and one frozen meal for dinner may be delivered at the same time.

(5) **PASSPORT Delivery**—Nutrition contractors providing PASSPORT meals shall maintain and have available monthly enrollee service delivery documentation for all PASSPORT clients that include the following:

(a) A daily route log with PASSPORT enrollee names appearing on the log in the order of delivery with time of first and last meal delivered

(b) The number of meals delivered at each visit

(c) The initials of the person delivering the meal on the day of delivery

(d) A staff person’s signature on each daily route log verifying route completion, and

(e) The enrollee/caregiver signature or their signed initials of receipt of meals at least monthly verifying delivery of meal.

### PROCEDURE I  \ CHANGE IN FOOD PRODUCTION, SERVICE, OR DELIVERY

1. Any changes in the current nutrition program (meal preparation, service or delivery method) require discussion with and written approval from the AOoA prior to any changes being made.

2. Changes from or to the following methods require prior approval by AOoA and ODA:

   a. Central kitchen preparation,

   b. On-site preparation,
POLICY 310   FOOD PRODUCTION PROCEDURES

c. Catered meal service, and
d. Frozen meal service.

3. In the event of an anticipated change in meal production, procurement, service or delivery, the provider shall make a written request to the AOoA indicating assurance of continued quality service at the same unit cost regardless of the change.

   a. Failure to provide a written request prior to any changes can be considered grounds to withhold payment of funds or grounds for termination of contract.

   b. Provider shall make every attempt to give written notice, at a minimum, of 60 days in advance.
POLICY 311  SANITATION/CLEANING PROCEDURES

At all times, food production sites and dining sites shall be thoroughly cleaned and sanitized to protect against potential contamination including spoilage, unacceptable microbial growth, dust, rodents, insects, unclean equipment or utensils, unnecessary handling, coughs, sneezes, hair, flooding, drainage, overhead leakage, dripping from condensation, chemicals and other sources of contamination.

PROCEDURE A  COMPLIANCE

1. Cleaning and sanitizing equipment and facilities shall be in compliance with all food service and health requirements established by local, state and federal boards of health.

PROCEDURE B  CLEANING AND SANITIZING FLOORS WALLS AND LARGER EQUIPMENT

1. Floors, walls and large equipment shall be thoroughly cleaned on a regularly scheduled basis or more often as needed.

2. Work surfaces shall be cleaned and sanitized after each use or following any interruption of operation during which contamination may have occurred.

   a. Wiping clothes shall be clean, rinsed frequently in an approved sanitizing solution and shall only be used to wipe food spills and dining tables.

3. All food contact surfaces shall be cleaned between working with raw foods and ready-to-eat foods, between each use with raw animal food, between working with raw fruits and vegetables and potentially hazardous foods, or at least every 4 hours.

4. All equipment shall be cleaned and sanitized after each use or following any interruption of operation during which contamination may have occurred.

5. Floors shall be scrubbed daily.

6. Splashes on walls or ceilings shall be cleaned as soon as possible.

7. Refrigerators shall be cleaned weekly.

8. Warewashing machines shall be cleaned before use, throughout the day to prevent contamination, and at least daily.
9. Daily and weekly cleaning schedules shall be posted in production and service areas.

PROCEDURE C CLEANING AND SANITIZING TABLEWARE, UTENSILS AND SMALL EQUIPMENT

1. All tableware, utensils and equipment shall preferably be washed for reuse in a mechanical dishwasher.

2. Separate drain boards shall be provided for the proper handling of soiled items prior to washing and for the proper handling of cleaned items following sanitization.

3. Dispensing units on the dishwasher shall be in good working order and shall be appropriately dispensing chemicals.

4. Proper dishwashing temperatures shall be maintained:
   a. Wash temperature for single tank dishwasher with single temperature indicator shall be at least 165°F.
   b. Wash temperature for single tank dishwasher with dual temperature indicators shall be at least 150°F.
   c. Hot water sanitizing rinse temperature for single tank dishwasher with single temperature indicator shall be 165°F-194°F.
   d. Hot water sanitizing rinse temperature for dual temperature indicators shall be 180°F-194°F.

5. Proper chemical sanitizer concentrations and temperatures shall be maintained:
   a. Chlorine solution: 25 ppm (parts per million) at least 120°F, 50 ppm at least 100°F (pH 10 or less) or at least 75°F (pH 8 or less), 100 ppm at least 55°F (pH 10 or less) or at least 55°F (pH 8 or less).
   b. Iodine solution: 12.5-25 ppm, pH 5 or less, and at least 175°F.
   c. Quaternary ammonium solution: shall comply with Ohio Uniform Code Food Safety guidelines.
6. Chemical sanitizer concentration shall be tested with the appropriate test kit and recorded prior to each use. Documentation shall be kept on file and provided to AOoA upon request.

7. Dishwasher shall be clean, in good operating condition and cleaned at least daily.

8. If a mechanical dishwasher is not available, manual washing, rinsing and sanitizing shall be done in a sink with a minimum of three (3) compartments.
   a. The three-compartment sink shall be large enough to permit accommodation of equipment, dishes and utensils.
   b. Chemicals shall be used for sanitization in the third sink compartment.

   (1) A test kit or other device that accurately measures ppm concentration of sanitizing solution.

   (a) The concentration for a chlorine sanitizing solution is 50-200 ppm.

   c. If hot water immersion is used for sanitizing, instead of chemicals, a numerically scaled indicating thermometer shall be used for frequent checks of water temperature, which shall be maintained at 170°F.
POLICY 312  SAFETY AND EMERGENCY SITUATION PROCEDURES

Nutrition contractor shall ensure procedures are in place for summoning emergency help, reporting incidents and good safety practices of employees and volunteers are in place.

PROCEDURE A  GOOD SAFETY PRACTICES

1. Nutrition contractor shall ensure good safety practices of employees and volunteers are enforced to aid in accident prevention and provide a safe environment for participants.

2. **Fire Safety**—Nutrition contractor shall ensure all fire safety codes are in place, documented and enforced.
   
   a. Fire exits shall be clearly marked and continue to stay lit during power outages.
   
   b. Fire drills shall be held at least annually at all dining sites and central food production sites.
   
   c. Nutrition contractor shall ensure a fire inspection has been completed at least annually at all dining sites and central food production sites to ensure the safety of the facility.
   
   d. Fire extinguishers shall be placed in plain view and in easily accessible locations in food production areas.
   
   e. Employees and volunteers shall be trained on fire safety and how to use fire extinguishers.
   
   f. Nutrition contractor shall document all fire drills, fire inspections and fire safety training. Documentation shall be kept on file and made available to the AOoA upon request.

3. **General Safety**—Nutrition contractor shall ensure procedures are in place for the general safety of participants, employees and volunteers.
   
   a. Aisles in the dining areas and in the production areas shall be free of obstructions to prevent accidents.
   
   b. Any spills in the dining areas or production areas shall be cleaned up immediately to prevent falls.
   
   c. Disaster drills (tornado and terror alert situations) shall be held at least annually at all dining sites and production sites.
d. First aid training shall be provided to employees and volunteers.

   (1) Information shall be provided on general first aid, the Heimlich Maneuver (choking procedure) and CPR.

   (2) A poster illustrating the Heimlich Maneuver shall be posted in the dining area at each dining site.

e. Nutrition contractor shall document all disaster drills, first aid training and any general safety concerns with course of action. Documentation shall be kept on file and made available to the AOoA upon request.

PROCEDURE B EMERGENCY SITUATIONS

1. Nutrition contractor shall develop and implement written procedures for the continuation of services in various emergency situations.

2. **Emergency Plans**—Written plans shall be developed that include procedures for reporting and handling fires, disasters, vandalism and break-ins, participant emergencies at dining sites and those emergencies discovered upon the delivery of a meal to a client’s home, short-term weather-related emergencies, loss of power, food preparation equipment breakdown, failure of delivery personnel to report to work, failure of food deliveries to arrive, etc.

   a. Plans shall assign responsibility and accountability for specific tasks.

   b. Plans shall include procedures for notifying clients/meal participants, employees, volunteers, dining sites, AOoA office, police, fire, rescue squads, etc.

   c. Plans shall be posted in food production and serving areas and in the dining area of each dining site.

   d. Nutrition contractor shall provide a plan to stock additional food for production and shelf-stable meals for emergency situations.

   e. Training regarding emergencies shall be provided at least annually to employees and volunteers and to all new employees and volunteers during orientation.
(1) HDM employee/volunteer drivers shall be trained on how to handle emergencies discovered upon the delivery of a meal to the client’s home such as client heart attack, stroke, finding the client unconscious or has fallen, inability to rouse client to answer the door, choking, extreme disorientation, any immediate dangers to clients safety or well being, etc.

f. Nutrition contractor shall document all emergency situations, course of action and training regarding emergencies. Documentation shall be kept on file and made available to the AOoA upon request.

3. **Emergency Closings and Emergency Meals**—Nutrition contractor shall develop and implement a policy on emergency closing of dining sites and emergency meals for Title III-C-2 and PASSPORT home delivered meal clients.

a. A copy of the emergency “cancellation of meal/closing of dining site” policy shall be posted at each dining site.

b. HDM clients shall be provided with a shelf-stable meal(s), meeting required menu pattern, in advance of need for use in short-term weather-related emergencies when weather conditions prevent regular delivery.

(1) A copy of the emergency meal policy for HDM clients shall be provided with the shelf-stable meal.

(a) Sample emergency meal/shelf-stable menus for HDM clients shall be included in the emergency meal policy.

(2) Written preparation instructions and information on the use of the meal shall be provided with the shelf-stable meals.

(3) Shelf-stable meals shall be replaced after each emergency use.

**PROCEDURE C  HELP FOR EMERGENCIES**

1. Nutrition contractor shall develop and implement written procedures for summoning help in various emergency situations.
2. Procedures for summoning emergency help such as fire department, police, rescue squad, etc., shall be posted in the production and service areas of each production site and at each dining site.

PROCEDURE D REPORTING INCIDENTS

1. When an incident occurs involving staff, volunteers or participants, a report shall immediately be written providing as many details of the incident as possible, such as possible cause, injuries noted, property damage, etc. The report shall include the outcome, if known, as well as what actually took place.

2. Production Area and Dining Sites Incidents—A written procedure for the reporting and recording of incidents occurring in or on the nutrition contractor’s property, production sites or senior dining sites shall be developed and implemented by the nutrition contractor.
   a. A copy of the procedure and an Incident Report Form shall be posted in the production, serving and dining site area of each site.
   b. The procedure shall become a part of the training and orientation program for employees and volunteers.
   c. Participants shall be informed on how to report an incident and how to obtain an incident report form.
   d. Procedure shall assign responsibility and accountability for preparing incident reports for incidents involving participants, staff or volunteers.

3. HDM Incidents—A written procedure for the reporting and recording of incidents occurring during HDM delivery, in or on the HDM client’s or caregiver’s property shall be developed and implemented by the nutrition contractor.
   a. The procedure shall become a part of training and orientation program for employees and volunteers.
   b. HDM clients shall be provided a copy of the procedure and an incident report form with their initial information packet.
   c. HDM incident reports shall include all events that are not part of the routine care occurring on the client’s or caregiver’s property,
such as client or employee/volunteer injury, client refusing service, thefts, property damage, etc.

4. **All Incidents Reported**—No matter how minor it may seem, all incidents shall be reported and documented on the appropriate Incident Report Form.

   a. A file shall be maintained on all incidents reported. Incident reports shall be made available to the AOoA upon request.
POLICY 313  MONITORING AND INSPECTION PROCEDURES

Nutrition contractor shall ensure all dining sites and production areas are monitored for implementation of the highest quality services and compliance with all required policies, procedures and health codes.

PROCEDURE A  SELF-MONITORING FOR QUALITY ASSURANCE

1. Consistent with the Conditions of Participation, the nutrition contractor shall continuously monitor all aspects of the operation and take immediate action to improve practices.

2. For quality assurance, the nutrition contractor shall ensure the following aspects are monitored:

   a. Purchasing, preparation, holding, serving and delivery practices to ensure safe and nutritious retention of quality food characteristics (i.e., appearance, flavor and texture.)

   b. Food acceptance patterns are used to adjust and modify menus, which are in compliance with the required menu pattern.

   c. Safe food temperatures during storage, preparation, holding, transport, delivery and serving of food at dining sites and HDM clients.

   d. Good packaging and transporting systems.

   e. Production sites, dining sites and equipment are clean, sanitized and in good repair.

   f. Participant satisfaction by eliciting their comments about dining environment, type of food, portion size, temperature, meal delivery schedule, meal service schedule and staff.

   g. Employee performance and food safety orientation and training of all staff and volunteers.

   h. All record keeping and documentation, including meal reservations, meal census, HDM assessments, incidents, grievances, outreach, nutrition education, insurance, food service licensing, and inspection reports.

   i. All fiscal activity relating to Title III-C program and PASSPORT meal service.
j. All applicable federal, state and local food service and health requirements and policies and procedures, service specifications and Conditions of Participation.

3. The nutrition contractor shall perform, at least semiannually, a documented inspection of all the following:

a. Production sites
b. HDM packaging sites
c. HDM delivery routes
d. Dining sites, and
e. Any subcontractor’s facilities and transport of food systems.

4. Nutrition contractor shall ensure monitoring and inspections are performed by personnel trained and qualified to complete a food service inspection.

a. Personnel responsible for food service monitoring or inspections shall have successfully completed the Applied Food Service Sanitation Course.

5. Nutrition contractor shall take immediate corrective action to improve any practices found out of compliance or not economical for the entire operation.

6. Documentation of all self-monitoring/inspections and all corrective actions shall be kept on file and available to the AOoA upon request.

**PROCEDURE B HEALTH DEPARTMENT INSPECTIONS**

1. On-site and central kitchen/food production and serving facilities shall receive a good to excellent rating from the local health department.

2. Nutrition contractor shall furnish a copy of each Food Service Operation Inspection Report to AOoA within five working days of receipt from the inspecting agent.

3. Nutrition contractor shall furnish a copy of any follow-up report of critical violations to the AOoA within five working days of receipt from the inspecting agent.

4. Facilities receiving a less than good rating or any violations shall be inspected immediately by the nutrition contractor.
POLICY 313  MONITORING AND INSPECTION PROCEDURES

5. Nutrition contractors shall take immediate action to improve any practices or procedures found out of compliance.
   a. Immediate corrective action shall be taken with follow-up in one week.
   b. Nutrition contractor shall submit a completed report on corrective actions to the AOoA.
   c. Failure to correct the problem(s) may result in temporary or permanent closing of the facility.

PROCEDURE C  AOoA, ODA AND USDA MONITORING

1. Nutrition contractor shall be assessed/monitored on their performance by the AOoA, USDA and ODA. The performance shall meet, at a minimum, all assessment/monitoring requirements by ODA and AOoA. AOoA shall monitor at least annually, or more often as needed. ODA and USDA shall monitor as needed.

2. Annual AOoA Monitor Procedure:
   a. The nutrition contractor will be given at least thirty days’ notice of the monitor visit.
   b. The nutrition contractor shall be notified informally, via a telephone contact to secure a date and formally, in writing with the date and time of the monitor visit. A monitoring tool shall be provided in advance of the monitoring. Nutrition contractor shall have all necessary documentation readily available for monitoring.
   c. The AOoA will cancel a monitor visit only if the provider is ill or has encountered any circumstances that the AOoA deems beyond their control. A cancellation will be made only with the understanding that a reschedule must be submitted. The nutrition contractor wishing to cancel a monitor visit must do so by an initial telephone contact and then follow with written correspondence stating the cancellation, reason for the cancellation and date of reschedule. This must be received by the Director of Nutrition within 30 days of the original monitor visit.
d. The AOoA reserves the right to cancel a monitor visit with verbal notification at least one hour before the scheduled visit. Any cancellation made by the AOoA will be done with the understanding that a reschedule will occur and will be formalized within 30 days of the original monitor date.

e. AOoA Nutrition Department shall monitor the central kitchen or a prearranged production site and a predetermined senior dining site on the day of monitoring. Monitoring will also take place at the nutrition contractor’s main office to obtain additional required information.

   (1) The AOoA shall use the monitoring tool and monitor nutrition contractors against the Policy and Procedures for Nutrition Services and the Ohio Uniform Food Service Code.

f. Unit of Service Verification:

   (1) The AOoA shall verify accurate and appropriate billing of units of service and ensure that the units of service are:

      (a) Actually provided to eligible participants/clients

      (b) Not paid in excess of units delivered, and

      (c) Not paid in excess of the contracted number of units of service.

   (2) In accordance with ODA Policy 502.00, Unit of Service Verification, errors or exceptions found where an amount is due to the AOoA and the contract has not expired, the AOoA shall reduce future payments by the amount due. Adjustments required affecting OASIS should be promptly reported on OASIS in accordance with ODA Policy 210.00, Quarterly Program Reports.

   (3) The review of additional units of service shall be conducted if errors or exceptions totaling 7% or more of the units sampled are found during the unit of service verification review, as based on the nutrition contractor’s Request for Payment.
g. Within 30 days of an AOoA monitor, the AOoA will prepare and submit to the nutrition contractor a written monitoring report stating all findings, deficiencies, concerns, unit of service verification with errors or exceptions found, recommendations for corrective action and a time frame for compliance.

h. Upon receipt of the monitoring report, nutrition contractor shall, within 30 days, submit in writing to the AOoA a response to the findings and provide corrective actions.

i. The AOoA, through continual monitoring, shall check the nutrition contractor’s progress toward compliance.

3. **AOoA Monitor of Quality**

   a. The AOoA shall continually monitor for quality, efficiency and cost-effectiveness.

      (1) If a more efficient or higher quality option exists, the AOoA reserves the right to request for a change in service or products.

4. **Other Monitoring Visits:**

   a. AOoA, ODA and USDA staff shall have access to inspect all nutrition contractors’ records related to the contract and policy and procedures at any time, without prior notice.

   b. AOoA and ODA staff shall have access to inspect nutrition contractor’s facilities, equipment, vehicles and storage areas prior to awarding the contract and during the contract period.

   c. The AOoA staff shall visit any dining site or production site to assess the status of any problems or concerns.

      (1) The visit may be performed with other staff.

      (2) The visit may be prearranged or unannounced.

      (3) The AOoA, through continual monitoring, shall check the nutrition contractor’s progress toward corrective action to any problems or concerns.
d. New providers shall be monitored monthly for no less than six months or per a schedule as determined by the AOoA.

PROCEDURE D PASSPORT MONITORING

1. Nutrition contractors, who are certified PASSPORT providers, shall meet and be monitored/assessed on the HDM Service Specifications as set forth in Rule 5101:3-31-09 of the Administrative Code.

2. The on-site PASSPORT provider structural compliance review shall be conducted by the AOoA Nutrition, PASSPORT QA, and fiscal departments and completed as set forth in Rule 5101:3-31-13 of the Administrative Code.
   a. The AOoA Nutrition Department shall monitor the production site and the HDM process to ensure compliance with the Ohio Uniform Food Service Code.

3. An evaluation of compliance with each Condition of Participation as set forth in Rule 5101:3-31-08 of the Administrative Code and each element of Service Specifications for Services which the PASSPORT provider is approved to provide as set forth in Rule 5101:3-31-09 of the Administrative Code.

4. Verification that a sample of paid service units were delivered as defined by the Conditions of Participation as set forth in Rule 5101:3-31-08 of the Administrative Code and applicable Service Specifications as set forth in Rule 5101:3-31-09 of the Administrative Code.
   a. The evaluation of compliance with Conditions of Participation and Service Specifications shall be based on a review of a 10% sample of the provider’s current PASSPORT Service Delivery records for HDMs, with a minimum of three and a maximum of 30 records reviewed. The evaluation shall encompass PASSPORT HDM Services delivered during the calendar quarter preceding the date of the on-site structural compliance review.

5. Within 60 calendar days of the on-site review, the AOoA shall issue a written Structural Compliance Review Report to the PASSPORT provider.

6. Within 60 calendar days from the date the report is mailed from the AOoA, the nutrition contractor shall submit a plan of action to the AOoA for complying with any findings identified in the Structural Compliance Review Report. AOoA and PASSPORT staff shall have access to inspect
all PASSPORT providers’ records related to the PASSPORT contract and PASSPORT policies.

7. AOoA and PASSPORT staff shall have access to inspect PASSPORT provider’s production facilities, equipment, vehicles and storage areas prior to awarding of the PASSPORT provider contract and during the contract period.

8. The AOoA and PASSPORT staff shall visit any production site to assess the status of any problems or concerns.
   a. The visit may be performed with other staff.
   b. The visit may be prearranged or unannounced.

9. The PASSPORT provider cited for critical items during the local health department inspection shall make available a copy of that inspection report and the follow-up report to the AOoA within five working days of receipt from the inspection agent. The PASSPORT provider shall make available upon AOoA request a copy of any local health department inspection reports.

10. The PASSPORT provider cited by the Ohio Department of Agriculture shall make available a copy of the findings and corresponding corrective plans to the AOoA within five working days of receipt from the regulatory agent.

11. The PASSPORT provider shall take immediate action to improve any practices or procedures found out of compliance. The AOoA, through continual monitoring, shall check the progress toward compliance.
   a. Immediate corrective action shall be taken with follow-up in one week. Failure to correct the problem(s) may result in temporary or permanent closing of the facility.
POLICY 314  
RECORDS AND DOCUMENTATION

Full and accurate nutrition program related business and purchase records shall be kept and shall be open to inspection upon request by AOoA, ODA, USDA and AoA. This includes records kept by individual dining sites.

PROCEDURE A  RECORD KEEPING

1. Current, complete and accurate records for nutrition services shall be kept to ensure the complete, accurate and prompt reporting of the following activities:

   a. All dining site records; participant reservations and registration systems

   b. All HDM delivery and client records including assessment and reassessment records, and HDM route information

   c. All eligible, ineligible and PASSPORT meals and Program Income for the purpose of receiving the proper reimbursements

   c. Nutrition education programs prepared and presented to dining site participants and HDM clients

   d. Training programs for employees and volunteers

   e. Outreach efforts and programs, both client finding and mass outreach

   f. Production and packaging facility inspection reports and corrective action follow-up reports

   g. Dining site inspection reports and follow-ups

   h. Meal temperature monitoring activities at all dining sites and for all HDM routes

   i. Log of calls from HDM clients

   j. All incident and grievance reports

   k. Job descriptions for all paid and volunteer staff reviewed and updated annually

   l. Employee files current with all required employment and orientation forms
m. In-kind Contributions
n. Food purchase and inventory reports, and
o. All equipment purchase and inventory reports.

2. Daily financial and meal count records shall be kept to ensure the complete, accurate and prompt recording of all necessary local monthly, quarterly and annual AOoA reports.

a. Unit of Service Verification—Nutrition contractor shall ensure units of service are actually provided to eligible participants/clients and are not paid in excess of units delivered.
   (1) Nutrition contractor shall ensure a method of reporting units of service that is with the contract definition, Conditions of Participation and service specifications for the specific unit of service.
   (2) Nutrition contractor shall ensure daily meal service is documented per dining site and HDM routes (designating those meals which are PASSPORT meals), and maintained in a database program, such as Excel or SAMS (rosters).
   (3) Nutrition contractor shall maintain all dining site meal sign-in sheets and all HDM route sheets and other sufficient documentation to support services provided.

3. Nutrition contractors shall cooperate to the best of their ability in any additional programmatic and fiscal reporting or surveying deemed necessary by the ODA and AOoA to effectively and efficiently administer all meal programs funded through ODA.

PROCEDURE B MONTHLY, QUARTERLY, AND ANNUAL REPORTING

Nutrition contractor shall ensure all monthly, quarterly, and annual reporting functions are performed and submitted in a timely manner to meet all ODA and AOoA Policies and Procedures applicable to programmatic and fiscal reporting. Failure to do so will result in the Nutrition contractor being out of compliance with this agreement. Non-compliance with the terms of this agreement may result in suspension of payments, repayment, or de-obligation of funds.
allocated to the Nutrition contractor for those specified services. The AOoA shall provide technical assistance in preparing reports.

1. **Monthly Reports**—A Request for Payment (RFP) shall be accurately completed and submitted to the AOoA by the fifth working day of the following month.
   
a. The Request for Payment shall include the number of eligible meals served to dining site participants and to HDM clients for that month, number of frozen meals served, year-to-date meals provided, contracted amount of meals, total ineligible meals amount collected for the month, total program income collected for the month, local cash and in-kind match amounts and total amount requested. See Appendix for a copy of the Nutrition Contractors’ Request for Payment form.
   
b. The Request for Payment report shall include the monthly meal counts listed per dining site for eligible and ineligible C-1 meals, HDM and frozen meals. See Appendix for a copy of the Monthly Meal Counts per site form.
   
c. The program income receipt form shall be sent monthly along with the Request for Payment to the AOoA Fiscal Officer for later comparison with bank deposit slips.

2. **Quarterly Reports Submitted to AOoA**—Quarterly reports concerning the scope and extent of service delivery shall be completed and forwarded to the AOoA by the fifth working day following the close of the quarter. Quarterly reporting periods are: 1) First Quarter/ January-February-March; 2) Second Quarter/ April-May-June; 3) Third Quarter/ July-August-September; and 4) Fourth Quarter/ October-November-December. Without limiting the foregoing, the provider shall prepare and submit quarterly to the AOoA the following reports:
   
a. **Nutrition Services Quarterly Report for Dining Site Services**, C-1, broken down by county and site and documented to include the following:
      
      (1) **Service Code # 7—Eligible Dining Site Meals**

      **Definition:** The dining site meal service is designed to promote socialization and sustain and improve client health through the provision of safe and nutritious meals served in
a group setting to those who are 60 years of age or older or meet the eligibility criteria as stated in the *AOoa’s Policy and Procedures for Nutrition Services* Policy 302: A.

Unit of Service: One meal that is prepared and delivered according to the ODA Meal Service Specifications to an eligible dining site participant as defined in the *AOoa’s Policy and Procedures for Nutrition Services* Policy 302. Title III provides up to three (3) meals per day—lunch, breakfast and evening meals, if applicable. Three to four hours must transpire between eligible meals. Snacks, leftovers or seconds shall not be counted as an eligible meal.

Documentation: Actual eligible meals shall be documented by county and by site and then totaled for all. List the total number of unduplicated actual eligible participants served, total new eligible participants, the total number of new participants who are Indian, Asian, Hispanic, Black, Low-Income Minority, Low-Income (100% poverty level), over age 75 participants, participants with disabilities, or rural participants. (Please note: No subcategory total should be higher than the total number of new participants. If a participant is a minority and limited income, he/she should only be listed under the limited income Minority column and not under the limited income column also. Limited income participants shall be listed under one category or the other, but not both.)

(2) **Service Code # 44—Ineligible Dining Site Meals**

**Definition:** Meals purchased by guests or staff under 60 years of age at a senior dining site.

**Unit of Service:** One meal that is prepared and delivered according to the ODA Nutrition Service Specifications to ineligible dining site participants as defined in the *AOoa’s Policy and Procedures for Nutrition Services* Policy 302.

**Documentation:** Document only actual whole meals provided to ineligible dining site participants. Do not include partial meals or purchase of single meal items in this total.
b. **Nutrition Services Quarterly Report for Home Delivered Services**, C-2, broken down by HDMs per county and site with appropriate site number, frozen meals and include the following:

(1) **Service Code # 4—Eligible Home Delivered Meals**

**Definition:** The HDM service is designed to sustain and improve client health through the provision of safe and nutritious meals served in the home setting to those meeting the HDMs eligibility as stated in Policy 304: A.

**Unit of Service:** One meal that is prepared and delivered according to the ODA Meal Service Specifications to an eligible HDM client as defined in Policy 304. Title III provides up to three meals per day—lunch, breakfast and evening meals, if applicable. PASSPORT provides up to two meals per day. Three to four hours must transpire between consumption of eligible meals (i.e., two hot meals cannot be delivered at the same time; however, one hot meal for lunch and one frozen meal for dinner may be delivered at the same time) Snacks, leftovers or seconds shall not be counted as an eligible meal.

**Documentation:** Actual eligible HDM Title III-C meals shall be documented by county and by site and then totaled for all. List the total number of unduplicated actual eligible HDM clients served, total new eligible HDM clients, the total number of new participants who are Indian, Asian, Hispanic, Black, Low-Income Minority, Low-Income (100% poverty level), over age 75 participants, participants with disabilities or rural participants. (Please note: No subcategory total should be higher than the total number of new participants. If a participant is a minority and limited income, he/she should only be listed under the Low-Income Minority column and not under the Low-Income column also. limited income participants shall be listed under one category or the other, but not both.)

c. **Nutrition Outreach Report**—The Nutrition Outreach Report shall be documented quarterly as follows:
(1) **Service Code # 14—Client Finding**

**Definition:** Outreach to individuals in the community to encourage the use of the elderly meal program and other related nutrition services and benefits. Contacts can be made either by telephone, in person, in the home or in the community.

**Unit of Service:** One contact with a client.

**Documentation:** The following shall be documented when reporting client findings: the actual number of units, the person(s) doing the activity, person(s) reached, how contacted, dates activity took place, place where activity occurred and describe the actual activity.

(2) **Service Code # 21—Mass Outreach**

**Definition:** Outreach to groups to encourage the use of existing nutrition services. Typical activities include newsletters, full newspaper articles describing services, speaking engagements, regular radio shows, and documented public service announcements. Interviews, such as in newspaper articles, on the radio or on TV, shall not be counted as mass outreach.

**Unit of Service:** One mailing or contact or one group presentation. Units must be small, clients large. A monthly newsletter should be counted as three units on a quarterly basis with clients being contacted once every quarter.

**Documentation:** The following shall be documented when reporting client findings: the actual number of units, the person(s) doing the activity, person(s) reached, dates activity took place, place where activity occurred and description of the actual activity. If a presentation is given, signature of each attendee shall be documented. Sample articles, newsletters, information and copies of handouts shall be provided with the quarterly report.

(3) **Service Code # 12—Nutrition Education**
POLICY 314

RECORDS AND DOCUMENTATION

Definition: Nutrition education is designed to promote better health through discussion or distribution of nutrition-related information to participants/clients or their caregivers in a group setting or on an individual basis.

Unit of Service: One lesson plan that is prepared according to the ODA Nutrition Services Specifications and distributed to all HDM clients as a whole unit. One group session that is prepared and conducted according to the ODA Nutrition Services Specifications for a dining site.

Documentation: The following shall be documented when reporting nutrition education: the actual number of units for each dining site and for HDM clients as a whole unit, the person(s) doing the activity, person(s) reached, dates activity took place, place where activity occurred and description of the actual activity. If a presentation is given, signature of each attendee shall be documented. Sample copies of handouts shall be provided with the quarterly report, if using any nutrition materials different than what is provided by the AOoA.

(4) Service Code # 8—Nutrition Counseling

Definition: The nutrition counseling service is designed to provide individualized guidance on appropriate food and nutrient intakes for those with special needs, taking into consideration the client’s desires, health, cultural, socioeconomic, functional and psychological factors, including home and caregiver resources.

Unit of Service: one hour of nutrition counseling that is conducted according to the ODA Nutrition Service Specifications.

Unit Rate: All costs, including administration, in-kind, supplies, travel and documentation time.

(5) Service Code # 36—Level 1 Nutrition Screening
Service Code # 37—Level 2 Nutrition Screening
**Definition:** The nutrition screening service is designed to identify clients who are at nutritional risk in a group setting or on an individual basis.

**Unit of Service:** one nutrition checklist or screen that is conducted according to the ODA Nutrition Services Specifications.

**Unit Rate:** All costs, including administration, in-kind, supplies, travel and documentation time.

d. **Staff and Volunteer Training**—Nutrition contractor shall prepare and submit a quarterly report of all staff and volunteer training.

   (1) The following shall be documented when reporting staff and volunteer training: Lesson plans for any in-services including the topic, activities completed, where the in-service took place, a copy of any handouts given to staff and volunteers, a list of each attendee with signatures and a list of all off-premise training, such as classes on the aging network, food service or state or national aging conferences.

e. **End Route Temperature Reports**—Nutrition contractor shall ensure a copy of end temperatures of a sample HDM on at least the longest HDM route is submitted quarterly to the AOoA.

   (1) Nutrition contractor shall ensure the End Route Temperature Report contains a list of any temperature problems identified and corrective action taken.

f. **Nutrition Advisory Board Report**—Announcements of meetings and copies of minutes from the Nutrition Advisory Board meetings shall be forwarded to the AOoA with the quarterly reports.

3. **Data Entry into SAMS Network**—Dining site participants and HDM client information and services received shall be entered into the SAMS Network via www.agingnetwork.com. SAMS data is to be collected and reported as an integral part of the Service Provider’s day to day operations. The Agency’s Planning and Program Development Department will monitor SAMS data available in the AgingNetwork.com database for quality and timeliness of submission.
4. **Annual Reports**—Without limiting the foregoing, the provider shall prepare and submit annually on a designated date to the AOoA the following reports or items:

   a. Annual end-of-year reports to close out the books (such as 5th quarter reports to make final adjustments) shall be submitted each year to the AOoA by January 25.


      (1) The Contract Summary of Nutrition Services Form shall be prepared to include the contract goals for the year to include the total eligible participants the nutrition contractor will serve, the annual units of service for C-1 and C-2 listed per site and total funding.

   c. A current copy of Food Service Operation License for all production sites.

   d. Menus for the entire year, including breakfast, lunch, evening and/or weekend meals.

   e. Evidence of adequate insurance coverage shall be submitted annually. Nutrition contractor shall furnish AOoA with Certificates of Insurance by January 15th of the contract year or 10 days following the signing of the contract.

   f. A current copy of the consultant dietitian’s registration and license.

   g. A detailed plan outlining the quarterly nutrition education programs for participants/clients shall be submitted.

      (1) The plan shall specify dates of nutrition education presentations at each dining site, length of sessions, training instructors and course outline for each session (if different than what is provided from the AOoA).

   h. A detailed plan outlining the annual outreach program for the service area shall be submitted.

      (1) The plan shall specify how those older persons with the greatest social and economic needs will be targeted and what innovative ideas will be used for outreach.
i. A detailed plan outlining employee and volunteer training programs for the entire year shall be submitted.

   (1) The plan shall specify dates of training, topic of training to develop skills, length of sessions, training instructors, course outline for each session, lesson goals and measurable objectives.

j. A current list of all dining sites with addresses, phone numbers, hours and days of operation, site manager names, director of the senior centers, name of person(s) in charge of activities and name of person(s) responsible for fiscal duties and SAMS data entry.

k. A complete Equipment Inventory list.

   (1) The Equipment Inventory list shall include a list of all food service equipment and table service used and all office equipment used for nutrition services, as well as, funding source.

   (2) The nutrition contractor may submit an equipment inventory in a format that is approved by auditors. See Appendix for a sample template of an Equipment Inventory list.

l. A copy of any Subcontracting Meal Catering Agreements shall be submitted if nutrition contractor contracts with food preparers who do not serve the food directly to the consumers.

m. Nutrition contractor shall submit to the AOoA annual audited financial statements in accordance with Generally Accepted Accounting Principles and Government Auditing Standards, 1994 revision, and if applicable an audit in accordance with the requirements of OMB Circular A-133 Audits of States, Local Governments and Non-Profit Organizations. The audit report must be submitted to the AOoA by June 30th of each year.

5. **Other Reports**—The following reports shall be submitted to the AOoA per the schedule stated:

   a. Nutrition contractor shall furnish a copy of each Food Service Operation Inspection Report to AOoA within five working days of receipt from the inspecting agent.
b. Nutrition contractor shall furnish a copy of any follow-up report of critical violations to the AOoA within five working days of receipt from the inspecting agent.

6. **Strategic Plan**—The nutrition contractor shall have a Strategic Plan, updated at intervals not to exceed four (4) years that is composed, at a minimum, of the following elements:

   a. Environmental Scan
   b. SWOT Analysis, and
   c. Goals and Objectives relevant to supporting the findings obtained from the environmental scan and SWOT Analysis.
POLICY 315    PURCHASE OF SERVICE

The federal, state, and local funding used in administering elderly nutrition programs shall be funded through the AOoA in accordance to the ODA, USDA, OAA, and AOoA guidelines. The award of funding shall be contingent upon the AOoA receiving funds from the ODA through OAA, NSIP, and State Block Grant funds. Funds remaining unspent after obligations incurred and during the period of the NGA, may not be carried-over by the Service Provider. These funds revert to the Agency for reassignment, re-budgeting, and/or return to the state or federal government.

PROCEDURE A   FUNDING

1. Funding Sources--Federal, State, and Local
   a. OAA—Federal Funding
      (1) Funds shall be awarded through the AOoA in accordance with the ODA and the OAA of 1965 as Amended for all eligible meals served in the Title III-C programs and in compliance with OAA and ODA guidelines.
      (2) These federal funds shall provide the base support of the elderly nutrition program.
      (3) The AOoA shall designate an amount of each OAA (C-1 and C-2) allocation to nutrition contractor for eligible dining site and HDM programs.
      (4) Meals served under the PASSPORT Program are not eligible for OAA reimbursement.
   b. NSIP
      (1) ODA will allocate NSIP funds to AOoA based on AOoA’s prior year percentage for the dining site and home-delivered eligible meal count.
      (2) The AOoA shall designate a unit cost for NSIP allocation to nutrition contractor for eligible dining site and HDM programs.
      (3) NSIP funds shall be used to maintain or expand the dining site nutrition services and HDM meal programs.
(4) NSIP funds shall not be used to support administrative costs.

(5) Meals served under the PASSPORT Program, ineligible meals, second servings and meals with a set fee are not eligible for NSIP reimbursement.

c. **SCSBG—State Funding**

(1) Nutrition contractors who meet all Title III-C-1 and 2 requirements and NSIP eligibility shall receive, through ODA, state funds allocated by AOoA to expand home delivered and dining site meals programs under Title III, Part C, Subpart 2 of the OAA.

(2) The AOoA shall designate an amount of SCSBG allocation to nutrition contractor for eligible HDM meals.

(3) SCSBG funds shall only be used to increase home delivered and dining site meal units. Allowable nutrition services that may be funded with SCSBG funds include providing one or more HDMs per day to homebound individuals.

(4) Meals served under the PASSPORT Program are not eligible for SCSBG reimbursement.

d. **Local Funding**

(1) Local dollars, designated for nutrition, received from local funding sources or earned at the nutrition provider level, shall be used by the nutrition contractor in the meals program.

(2) The AOoA shall designate an amount of Senior Services funds to nutrition contractors in Lucas County for nutrition service programs.

(3) Nutrition contractors cannot fully rely on OAA, NSIP and SCSBG funds to cover the cost of all elderly nutrition meal services and are highly encouraged to obtain other local funding, such as a Senior Services Levy, or obtain corporate sponsorships to help defray the costs to provide necessary elderly nutrition services.
POLICY 315  PURCHASE OF SERVICE

e. Senior Farmers’ Market Nutrition Program (SFMNP)—Grant from USDA
   
   (1) The SFMNP shall be funded through the AOoA in accordance to the ODA and the USDA SFMNP.
   
   (2) The AOoA and ODA shall receive no administrative dollars to manage the SFMNP.
   
   (3) The entire USDA grant award received is disbursed by the AOoA to participating farmers upon submission of coupons the farmer has redeemed from eligible senior participants for fresh produce.

2. Program Income—Voluntary Contributions

Program Income definition: Program Income means donations or financial resources generated from any source, contributions toward the cost of the meal by eligible participants and payments for the complete cost of the meals by guests, staff and others. It must be clearly demonstrated that the revenue was generated from some particular activity conducted by the contracting organization and the activity must have been supported in whole or part by federal funds.

a. Collection of Program Income From Eligible Participants
   
   (1) Older persons shall have the opportunity to contribute all or part of the costs of the nutrition services provided.
   
   (2) Older participants shall determine for themselves what they are able to contribute toward the cost of the service.
   
   (3) No older person shall be denied a nutrition service because of failure to contribute all or part of the cost of such service.
   
   (4) A suggested contribution toward the cost of the meal may be requested. A “voluntary contribution” or a “suggested contribution scale” based on income ranges derived from the US Census Bureau may be established and posted in the reservation/serving area.
   
   (5) Contributions shall be voluntary and confidential for all eligible participants.
(a) Contributions from individuals shall be handled in such a manner as to protect the privacy of each older person with respect to his/her contribution.

(b) A list of eligible participants, their donations and copies of receipts with names shall not to be kept under any circumstances.

b. **Collection of Program Income From Ineligible Participants**

(1) A set fee shall be charged to INELIGIBLE meal participants equal to the nutrition contractor’s contracted unit cost for the dining site meal or for the purchase of individual meal items. This fee becomes program income.

(a) The ineligible participant fee shall be posted in the reservation/serving area.

c. **Counting Program Income**

(1) Program income shall be counted daily by no less than two people at the same time, preferably by employees who are bonded and who are independent of the bookkeeper and other program staff responsible for program financial record keeping.

(2) Cash and checks shall be segregated and listed separately on a standard receipt form.

(3) The total of checks and cash shall be added and compared with the total on the receipt form and both persons shall sign the receipt form.

(4) The checks and cash shall be forwarded to the person responsible for making bank deposits.

(5) Program income shall not be taken home by any staff or volunteers.

d. **Depositing Program Income**
(1) All program income collected must be deposited into an AOoA designated account on a daily basis.

(2) If a deposit cannot possibly be made the day the money was collected, it shall be kept in locked place, such as a locked file cabinet or a safe.

(3) The bookkeeper shall not be the same person who is responsible for depositing the contributions into the bank.

(4) An acceptable audit trail shall exist from original receipt of funds to bank deposit slips.
   (a) Program income shall be identified separately in appropriate ledgers.
   (b) The receipt form shall be sent monthly to the AOoA Fiscal Officer for later comparison with bank deposit slips.
   (c) All program income shall be reflected in appropriate program financial reports.

e. **Management of Program Income**

(1) All program income belongs to the AOoA, not nutrition contractor, and shall be used for the nutrition program.

(2) Collection and management of Program Income must be earned in accordance with ODA Policy 409.00 Program Income; 409.01 Program Income: Contributions for Participants; and 409.02 Program Income: Fiscal Management.

(3) Nutrition contractors who sub-contract for provision of services must do so in accordance with the above policies listed in (2), as well as requirements in ODA Policy 209.00 Service Provider Subcontracting.

(4) All program income earned must be used only for allowable expenses under the part for which it was earned in accordance with the 1982 amendment to the OAA. Title III-C-1 and C-2 Program Income shall only be used as follows:
(a) To increase the number of meals served by the nutrition contractor.

(b) To provide other supportive services directly related to nutrition services.

(c) Nutrition contractor shall request in writing from the AOoA approval to use Program Income for any purpose other than to increase meals served.

(5) Level of Program Income dollars is determined by historical collection data and income goals set for the contract year.

(6) Nutrition contractor agrees to meet the established performance level for Program Income collection and is responsible for the collection of that amount.

(7) Nutrition contractors who do not collect all the Program Income as contracted shall not be paid their full contract even if all the meals are served.

(8) Program Income balance is defined as the amount of program income collected that is either not spent (positive balance) or is overspent (negative balance) beginning with the contract period.

(a) A positive Program Income balance at the end of the year will be carried over at the start of the new contract year.

(b) If a contract is not renewed or a new contract signed, the nutrition contractor shall return the positive income balance to the AOoA or in the event of a negative income balance; reimburse the AOoA for the amount that was not earned.

(9) Monthly request for payment shall be monitored regarding program income balance. Nutrition contractors shall demonstrate the ability to maintain at least a zero balance on a quarterly basis. It must be shown that funding is available to pay for the meals that have been served.

3. **Other Funding**
a. **Minimum Match**

(1) A 15% minimum match shall be required under the grant award of OAA dollars.

(a) This match may include local cash or in-kind contributions.

b. **In-Kind Contributions**

(1) The in-kind match may include volunteer hours at the current rate, volunteer services, free rental on space at a current allowable rate, etc.

(2) Records verifying in-kind contributions shall be maintained and in-kind dollars reported monthly on the Request for Payment form.

c. **Interest Income—Title III-C**

(1) OAA funds may be placed in interest-bearing accounts.

(a) Interest earned and the utilization of such interest shall be reported on the monthly Request for Payment and on quarterly reports.

(b) ODA requires the interest-bearing account which has a negotiable instrument (i.e. check) to immediately make cash disbursement as vendor invoices are due.

(c) Interest earned can be used as the non-federal portion of the contract.

d. **Food Stamp Use—Title III-C**

(1) Food stamps may be acceptable as a cash contribution to support the cost of a meal.

(a) Meal participants shall be informed about the food stamp program and arrangements shall be made to assist participants who desire food stamps to apply for them.
(b) Nutrition contractor may elect to participate in the Ohio Electronic Benefit Transfer system and accept this as a contribution toward the meal.

(c) Nutrition contractor shall be responsible for the use and for obtaining the Direction Card machine, which processes food stamp participant benefits.

PROCEDURE B ESTABLISHING UNIT RATE

1. The unit cost is the price submitted by the nutrition contractor in the bidding process reflecting the nutrition contractor’s charge for each meal served under the contract.

2. Nutrition contractor shall determine a budget for nutrition services and include all food, equipment, labor costs, facility costs, administrative costs, meal delivery costs, and expenditures for special events and themed meal activities, training (including seminar/workshop registration fees, books, materials, speaker fees and related travel expenses), nutrition education and outreach. To incorporate nutrition counseling and nutrition screening into the unit cost, justification shall be provided as to the need for these services.

   a. Unit Rate is determined by:

      Total Expenses from budget \( \div \) Total Number of Dining Site and HDM = Unit Cost per Meal

   b. Coffee, tea, and related items such as sugar and creamer are not allowable ODA funded expenses and shall not be included as part of the cost per unit.

3. The AOoA shall determine a unit rate during the bidding process based on the following available funding sources: OAA, NSIP, SCSBG, Program Income and, in some instances, other local funding such as senior services levy and local grants.

   a. At the discretion of the AOoA, the contracted unit rate and accompanying Notification of Grant Award (NGA) for the year shall be renegotiated to include additional anticipated meals or a change in federal, state or local funding.

PROCEDURE C BILLING
POLICY 315    PURCHASE OF SERVICE

Nutrition contractor has signed a contract and NGA for service of a specific number of dining site meals and a specific number of HDMs. The total available funds shall be listed on the NGA.

1. Payment for Meals Served—The AOoA shall reimburse the nutrition contractor for the contracted unit cost as set forth in the contract and the NGA for dining site meals and HDMs.
   
a. Expenses charged against the funds shall be incurred by the nutrition contractor during the period of the Nutrition Services Agreement/NGA.
      
(1) All expenses allocated must be reasonable, using an acceptable method and supported by appropriate worksheets and/or time studies.

(2) All expenses incurred or obligated for the approved nutrition program must be supported by signed contracts, payroll records, purchase orders, requisitions, bills or other evidence of liability consistent with the nutrition contractor’s established procurement procedures.

b. A Request for Payment (RFP) shall be accurately completed and submitted to the AOoA by the fifth working day of the following month.

(1) The Request for Payment shall include the number of eligible meals served to dining site participants and to HDM clients for that month, year-to-date meals provided, contracted amount of meals, total ineligible meals collected for the month, total program income collected for the month, local cash and in-kind match amounts and total amount requested.

(2) The Request for Payment report shall include the monthly units of service listed per dining site for eligible and ineligible C-1 meals, HDM C-2 meals and frozen meals.

c. Total OAA dollars, SCSBG, Program Income contributions from program participants and local funds, if applicable, shall be divided into 12 equal payments and paid monthly per a Request for Payment submitted by the nutrition contractor to AOoA based on the number of eligible meals served. NSIP shall be paid monthly based on the number of eligible meals served and the established unit rate.
(1) The AOoA shall pay the nutrition contractor monthly per the unit cost for each dining site meal and HDM served as reported on the monthly Request for Payment up to the amount contracted for on the NGA form.

(2) Unspent federal and state resources shall revert to the AOoA at the end of the year.

d. AOoA reserves the right to audit the information on the Request for Payment and pay the amount, which is found to be most accurate, if a discrepancy exists.

2. **Meals Served in Excess of Contract**—The nutrition contractor shall report the number of meals served in excess of contract NGA to the AOoA.

   a. Meals served in excess of the contract shall not be reimbursed, but will be considered during the next year’s allocation process.

   b. Nutrition contractor and AOoA shall monitor service levels and de-obligate/or allocate additional meals as needed and consistent with available funds.

3. **Transfer of Title III-C Funds**—A nutrition contractor has a signed contract and NGA for service of a specific number of dining site meals and HDMs. Title III C-1 and Title III C-2 resources must be used only for allowable expenses under the part for which they were allocated and to provide service under the respective parts for which they were awarded.

   a. A transfer of funds from Title III C-1 to Title C-2 may be requested by the nutrition contractor before August 1 of each year if service patterns indicate this to be necessary.

   b. Funds cannot be transferred from Title III C-2 to Title III C-1.

   c. All transfer requests shall have approval from the AOoA. The transfer requests shall be in writing and include the rationale for the request.

   d. It shall be understood that funds approved for transfer from Title III C-1 to Title III C-2 cannot be restored to Title III C-1.

4. **Availability of Funds**—Award of contract to a nutrition contractor shall be contingent upon receiving funds from ODA through the OAA, from the
USDA, from State Block Grant meals awarded by the State of Ohio through ODA and availability of local funding.

a. The contract shall automatically be amended to reflect any changes experienced by AOoA if funds for the meal programs are reduced, increased or eliminated.
AOoA shall solicit bids for its elderly nutrition program for both dining site and HDM services, by formally advertising its intent to purchase food and nutrition services package(s) for elderly nutrition programs in PSA 4 (Defiance, Erie, Fulton, Henry, Lucas, Ottawa, Paulding, Sandusky, Williams and Wood Counties). The competitive bid process and the contract itself shall conform to the ODA Policy and Procedures 407.00.

PROCEDURE A CONDITIONS OF PARTICIPATION

1. **Condition 1. Agency Structure:** The meal preparer must be a formally organized business or service agency providing the services applied for and shall:

   a. Disclose all entities with a five percent or more ownership, and have a written statement defining the purpose of the business or service agency

   b. Have a written statement of policies and directives, bylaws, or articles of incorporation

   c. Have a written table of organization that clearly identifies lines of administrative, advisory, contractual, and supervisory authority unless the business is a sole proprietorship, and

   d. Operate the business in compliance with all applicable federal, state and local laws, and shall have a written statement supporting compliance with:

      (1) Non-discrimination laws, federal wage and hour laws and workers’ compensation laws in the recruitment and employment of individuals

      (2) Non-discrimination laws in the provision of services, and

      (3) Federal rules and statutes take precedence over these conditions in cases where discrepancies between these exit.

2. **Condition 2. Physical Facility:** The Meal Preparer must have established, either by purchase or lease, a physical facility from which to conduct business and must be in compliance with all standards prescribed by the AOoA and its funding sources. The facility should have a telephone and a designated and utilized locked storage space for the maintenance of participant records.
3. **Condition 3. Administrative Policies**: The Meal Preparer shall have written procedures supporting the operation of the business and provision of service, and shall:

   a. Have a system to document services, billed and reimbursed, that complies with service specifications

   b. Provide evidence supporting financial responsibility in the coverage of participant loss due to theft, property damage or personal injury and have a written procedure which identifies the steps a participant must take to file a liability claim

   c. Have a written procedure for reporting and documenting all participant incidents including significant changes that affect service delivery or imminent health or safety risks, and

   d. Have a written procedure for follow-up and investigation of participant complaints and grievances and a method to inform participants at the inception of services of the contact number for the Long Term Care Ombudsman.

4. **Condition 4. Personnel Policies**: The Meal Preparer shall have written personnel policies and documentation that support personnel practices for meal preparer which include:

   a. Job descriptions or statements of job responsibilities including qualifications for each position involved in the delivery of services unless the business is a sole proprietorship

   b. Performance appraisals or development plan for all employed or contract workers and volunteers involved, and

   c. Prior to service provision, a meal preparer staff signature and a date that indicates completion of orientation that includes:

      (1) Personnel policies

      (2) Reporting procedures and policies

      (3) Table of organization and lines of communication, and

      (4) A code of ethics.
5. **Condition 5. Service Delivery:** The meal preparer shall sign a contract with the AOoA prior to rendering any services. The meal preparer shall:

   a. Maintain documentation demonstrating that all requirements outlined in service specifications have been met when delivered either directly or by sub-contract, and

   b. Allow access to ODA, AOoA and representatives with a need to access the meal preparer’s facility, policies, procedures, records and other documents related to the provision Title III Services.

6. **Condition 6. Compliance:** The meal preparer must comply with all contract requirements, conditions of participation, relevant service specifications and monitoring and reporting requirements of the AOoA.

**PROCEDURE B  BIDDING PROCESS**

The purpose for the bidding process is to select the most efficient nutrition contractor.

1. An advertisement shall be posted in the newspaper(s) with the widest circulation in the area deemed appropriate enough to stimulate open competition.

2. Bid instructions, proposals for funding applications and Policy and Procedures for Nutrition Services shall be made available upon request to all prospective providers.

3. A bidder’s conference shall be scheduled with AOoA staff following advertising of bids and mailing of bid packets. The bidder’s conference shall explain the nutrition bid process.

4. **CURRENT NUTRITION CONTRACTORS,** in their proposal for funding, shall submit evidence of current and/or prior experience as a funded provider, including client finding and eligibility assessment, meal procurement/production and delivery and nutrition education.

5. **PROSPECTIVE NUTRITION CONTRACTORS** without experience as a funded provider shall submit in their proposal for funding the following items:

   a. Evidence of capacity and capability to meet all ODA and AOoA policies and procedures and standards for service.
b. All minority contractors and women’s businesses shall be encouraged to submit proposals for funding of elderly nutrition programs.

(1) A minority contractor/women’s business enterprise shall meet one of the following criteria:

(a) A for-profit agency owned by a member of a minority group or groups

(b) A for-profit agency where 50.1% of the stock is held by a minority, or

(c) A non-profit agency where Board of Directors or policy-making body is 51% minority or at least 50% of the total staff are members of minority group(s).

(2) AOoA shall not designate specific amounts of funding or specific programs or part of programs to be awarded to minority contractors/women’s business enterprise.

c. A bid bond is required of new bidders when the proposal is submitted.

(1) The bid shall be accompanied by a check, cashier or certified, in the amount of 5% of the bid.

(2) All certified or cashier’s checks shall be drawn on a responsible bank doing business in the United States and shall be made payable to the AOoA.

(3) Any bid submitted without being accompanied by the bid bond or properly executed in the opinion of the AOoA Executive Director may be rejected.

(4) The bid deposit of all bidders, with the exception of the accepted bidder, shall be returned within 45 working days after the opening of bids. Bid deposits of the accepted bidder will be returned after the acceptance of a satisfactory performance bond has been received.

6. Providers shall submit to the AOoA their bid specifications for all subcontractor meal programs regulated by AOoA for review and approval prior to being signed.

8. Evidence of adequate insurance coverage shall be submitted with proposal for funding.

9. Using performance based contracting, a cost per unit shall be negotiated with each provider.
   a. Requests for changes in direct unit cost will not be considered after the bid proposal has been submitted. Exceptions will be considered only as an amendment to the contract after the contract has been signed and only upon the most unusual circumstances.
      (1) Requests must be made in writing and be accompanied by detailed documentation.

10. The provider shall be evaluated by AOoA on its ability and capability of complying with the conditions of the bids (and the Policy and Procedures for Nutrition Services) which include:
    a. A site visit and inspection by AOoA, and
    b. Submitting the following:
       (1) Administrative capacity
          (a) Price per meal
          (b) Capacity of bidder
          (c) Experience and performance
          (d) Financial solvency
          (e) Staffing capabilities
       (2) Food, food production, safety and sanitation
          (a) Concept and method of proposed service
          (b) Food quality
          (c) Menu quality
          (d) Sanitation practices/quality
          (e) Food preparation practices
          (f) Safety quality
          (g) Transportation practices
(3) Education/training/outreach and record keeping

(a) Concept and methods of proposed nutrition education to dining site and HDM participants
(b) Concept and methods of employee/volunteer training and in-service education program
(c) Concept and methods of the HDM assessment/reassessment function
(d) Concept and methods of proposed outreach programs

10. The AOoA retains right to accept nutrition contractors during contract cycle to fill an emergent need.

11. Following the close of the bid process, bids shall be reviewed by the AOoA staff (Executive Director, Nutrition Director, Fiscal Officer and other designated key staff) using an evaluation tool listing criteria for evaluation.

   a. Results are reviewed with the Nutrition Committee of the AOoA Board of Trustees who will make recommendations to the Board.

   b. The Nutrition Committee’s recommendations are presented to the Board of Trustees for final action.

12. Successful bidders shall be awarded a Nutrition Services Contract and NGA to be reviewed, signed, and returned to the AOoA by specified date. Nutrition contractor shall submit to the AOoA an E-2a. The Contract Summary form shall be prepared to include the contract goals for the year to include the total eligible participants the nutrition contractor will serve, the annual units of service for C-1 and C-2 listed per site and total funding.

13. A performance bond is required by new successful bidders within 15 calendar days after the acceptance of the bidder’s proposal by AOoA.

   a. The bond must be issued through a surety company (i.e., a bonding company) authorized to transact business in the State of Ohio.

   b. The amount of the performance bond shall be in an amount equal to the following formula:
POLICY 316  NUTRITION CONTRACTOR SELECTION PROCESS

Number of Meals Served/Day x the Number of Days served x the Unit Cost = Performance Bond Amount or 25% of the bid.

c. In the event the Bidder fails to furnish the performance bond in said period of 15 days after acceptance of the Bidder’s proposal by AOooA, the contract will be null and void.

14. The successful bidder, who is a new nutrition contractor, shall be awarded the contract with the understanding that the first six (6) months is a probationary period.

a. At the beginning of the sixth month the bidder will be evaluated by AOooA staff to determine if the service should continue throughout the year.

b. If the contract is terminated, the bidder will receive 30 days notice.

c. The bidder may be given the option of correcting the problems and meeting compliance in an extended 30 days probation period.

d. The bidder will be evaluated on its ability and capability of complying with the conditions of the bid and the proposal submitted.

PROCEDURE C  TERMS OF THE CONTRACT

1. The contract shall be binding for a period of one year or for a determined period as stated on the contract.

   a. The contract period shall begin on January 1 and expire on December 31 or on another date as stated on the contract.

2. The AOooA may, at its sole option and upon satisfactory performance by the provider, renew the contract for additional one-year terms under the same terms and conditions, with negotiable AOooA/nutrition contractor agreements, based on projected budget figures for direct unit costs and narrative information.

   a. AOooA shall give the provider notice of its intention to renew the contract no later than November 1 of the current term.
b. The nutrition contractor shall accept or reject the renewal term within 15 days.

c. A negotiated agreement for direct unit costs for the extended year shall be completed by December 15 of the current term.

PROCEDURE D AMENDMENT TO CONTRACT

1. The AOoA may change, modify and impose new requirements and conditions in the nutrition program at any time.

   a. Notice of such changes shall be given in writing to the nutrition contractor no less than 30 days prior to the effective date.

2. Changes, additions or deletions to the signed contract may be made at anytime by a written agreement signed by authorized personnel representing the bidder/nutrition contractor and the AOoA Executive Director.

   a. All amendments shall be attached to the bid proposal/contract.

PROCEDURE E TERMINATION OF CONTRACT

1. The following conditions shall be cause for termination of a nutrition services contract:

   a. Mutual consent
   b. Unsatisfactory performance
   c. Reduced funding
   d. Changed market conditions
   e. Mandated program requirements
   f. Non-compliance with terms of contract
   g. Endangering the life, health, and/or safety of program participants
   h. Mishandling of funds/finances
   i. Misrepresentation
   j. Any assets are damaged or destroyed and such damage or destruction is not covered by insurance
   k. Provider becomes insolvent or makes an assignment for the benefit of creditors
l. Failure to give written notice to AOoA of change in meal preparation, service, or delivery, or
m. The nutrition contractor has violated local, state or federal laws governing or applicable under this contract.

2. Upon occurrence of an event of contract termination, AOoA may terminate the contract with the nutrition contractor by:

   a. Verbal conference with the nutrition contractor and/or
   b. In writing with or without advance notice based on cause of termination.

      (1) The AOoA reserves the right to determine the amount of advance notice given a nutrition contractor, based on the circumstances of such individual situation resulting in termination.

3. The nutrition contractor shall, if requested by the AOoA, return all assets purchased with state and/or federal funds to the AOoA and vacate production sites not owned by the nutrition contractor.

4. The nutrition contractor shall submit at once a Request for Payment for meals served from last payment to date of termination.

PROCEDURE F HEARING PROCEDURE FOR APPEAL OF ADVERSE ACTION

The AOoA shall provide an opportunity for a hearing to any nutrition contractor whose contract has been terminated or not renewed.

1. If the nutrition contractor wants a hearing, a request must by filled in writing with the AOoA within 30 days following its receipt of the notice of the adverse action detailing the specific complaint of the nutrition contractor.

2. The AOoA will acknowledge, by letter, the receipt of the appeal.

3. The AOoA and the nutrition contractor have 10 working days to resolve the appeal informally by negotiation.

4. If no progress or informal remedy is made within 10 working days, the AOoA will conduct hearing procedures. An appeals officer will be designated by the AOoA to conduct a formal hearing.
5. The AOoA will notify all concerned parties of the hearing date, time and location by a certified letter signed by the Executive Director of the AOoA. The hearing procedures will be completed within 120 working days of the original receipt of the appeal by the AOoA.

6. Final adverse decisions rendered by the AOoA may be further appealed to the ODA.
POLICY 317  COMPLIANCE REQUIREMENTS

The nutrition contractor shall comply with AOoA’s Policy and Procedures for Nutrition Services, the Conditions of Participation, ODA Policies and Procedures and the rules and regulations of the AoA.

PROCEDURE A  PROVIDER CONDITIONS OF PARTICIPATION

As a condition of receiving funds from the AOoA, the provider shall be in full compliance with Requirements as codified in the Nutrition Contractor’s Conditions of Participation as stated in Policy 316 A.

Condition 1: Agency Structure
The nutrition contractor must be a formally organized business or service agency that is operating in the community at the point of application and is in compliance with all required elements of this condition.

Condition 2: Physical Facility
The nutrition contractor must have a physical facility from which to conduct business and is in compliance with all required elements of this condition.

Condition 3: Administrative Policies
The nutrition contractor must have written procedures supporting the operation of business and service and is in compliance with all required elements of this condition.

Condition 4: Personnel Policies
The nutrition contractor must have written personnel policies that support personnel practices and is in compliance with all required elements of this condition.

Condition 5: Service Delivery
The nutrition contractor must deliver services in compliance with service specifications and is in compliance with all required elements of this condition.

Condition 6: Compliance
The nutrition contractor must comply with all contract requirements, conditions of participation, relevant service specifications and monitoring and reporting requirements of the AOoA and is in compliance with all required elements of this condition.
PROCEDURE B  COMPLIANCE WITH STATE AND FEDERAL REGULATIONS


2. The nutrition contractor shall maintain such records and submit such reports as may be required by the AOoA.

PROCEDURE C  COMPLIANCE WITH OAA AS AMENDED

1. In compliance with the OAA, preference shall be given to providing services to older individuals with the greatest economic or social needs, with particular attention to limited income minority older individuals in at least the same proportion as the population of limited income minority older individuals bears to the population of older individuals of the area by the nutrition contractor.

PROCEDURE D  AFFIRMATIVE ACTION PLAN

1. An Affirmative Action Plan (AAP) for equal opportunity shall be developed and implemented and adhered to in all aspects of employment under the contract with AOoA. Each Nutrition contractor who employs 15 or more individuals must operate under Affirmative Action and Equal Employment Opportunity Policies and Procedures. These policies and procedures must include at a minimum: language for appropriate civil rights staffing, affirmative action in employment (Affirmative Action Plan), compliance with civil rights regulations (laws), civil rights responsibilities of the service provider, a discrimination complaint process, and personnel administration of the service provider.

Discrimination due to age (40 years or more), race, sex (including sexual harassment and sexual orientation), color, religion, national origin or handicap (physical or mental disabilities) will not be tolerated within any program utilizing funds administered through the AOoA.
a. This plan must be written or updated annually.

b. The AAP must be submitted to the Area Office on Aging for approval within 30 days following the beginning of each service provider’s program year.

c. The AAP must outline specific objectives, action steps and timetables that will indicate the course the service provider will undertake to provide equal employment opportunity.

2. Each Nutrition contractor will develop written procedures for handling in-house investigations and resolution process of formal complaints of alleged discrimination filed against the by its employees.

   a. These procedures will be submitted to the Area Office on Aging with the AAP.

3. All complaints must be thoroughly investigated by the service provider E.O. Rep. and handled promptly, fully and in accordance with written procedures prior to referral to the AOoA.

   a. The complaint and investigation is to be kept confidential.

   b. The discrimination complaint investigation by the service provider must include, at a minimum, gathering facts, analysis of facts, witness interviews, and a written investigation report and recommendations.

4. Each service provider shall develop a written non-discrimination policy statement.

   a. This statement will be signed by the service provider director and posted in a location conspicuous to the service provider's employees.
PROCEDURE E  NON-DISCRIMINATION IN EMPLOYMENT

1. There shall be no discrimination against any employee, applicant for employment or volunteer, based on race, color, national origin, ancestry, age, sex, religion or physical or mental handicap.


PROCEDURE F  COMPLIANCE WITH HIRING, WAGE AND HOUR LAWS

1. There shall be compliance with all applicable Federal, State and local laws and regulations pertaining to hiring practice, wages and hours of employment.

PROCEDURE G  COMPLIANCE WITH SENATE BILL 160—CRIMINAL BACKGROUND CHECK

1. Nutrition contractor shall comply with the spirit and intent of S.B. 160, which refers to positions requiring a criminal background check, and with the Ohio Administrative Code 173:3-1-12 listing convicted offenses which prohibits employment.

PROCEDURE H  COMPLIANCE WITH AMERICANS WITH DISABILITIES ACT OF 1990

1. Nutrition contractor shall comply with and assure compliance with the Americans with Disabilities of 1990, which guarantees equal opportunity for individuals with disabilities in employment, public accommodations, transportation, state and local government services and telecommunications.

PROCEDURE I  DRUG-FREE WORK ENVIRONMENT

1. A written policy shall be designed to ensure that the workplace is free from illegal use, possession or distribution of controlled substances.
POLICY 317  COMPLIANCE REQUIREMENTS

a. A statement to employees shall be published that unlawful manufacture, possession, distribution, dispensation or use of a controlled substance is prohibited in the workplace.

b. A drug-free awareness program shall be established.

c. Each employee shall be provided with a copy of employer’s published statement prohibiting drugs in the workplace.

PROCEDURE J  COMPLIANCE WITH HIPAA GUIDELINES

1. HIPAA Privacy Notice—Nutrition contractor shall have established policies to guard against unnecessary disclosure of participant/client Protected Health Information.

PROCEDURE K  COMPLIANCE WITH STATE AND LOCAL HEALTH, FIRE, SAFETY, ZONING AND SANITATION CODES

1. There shall be compliance with all Federal, State and local laws and ordinances concerning fire, safety, dining site and production facilities, equipment, and food storage, preparation, handling, serving and delivering.

2. There shall be compliance with Occupational Safety and Health Act (OSHA) which addresses the labeling and storage of hazardous materials in the workplace, the required training of staff that come into contact with such materials and related record keeping requirements.

3. There shall be compliance with the Ohio Department of Health (ODH) Ohio Uniform Food Safety Code for food service operations to ensure compliance with sections of the Ohio Administrative Code.

4. All necessary licenses and permits shall be obtained, maintained, posted and/or filed and made available upon request.

   a. Copies of food service license shall be submitted to AOoA annually upon renewal.

   b. Copies of Food Service Operation Inspection Reports shall be submitted to AOoA after inspection by city/county sanitarians.
PROCEDURE L  CONFLICT OF INTEREST

1. The Conflict of Interest policy shall be defined as:
   a. Using official positions for the purpose of private gain shall be prohibited. This pertains to any person who is an employee, elected agency consultant, officer or appointed/elected official of a recipient program receiving funds or of any designated public agency or sub-recipient.
   b. No person who exercises any functions or responsibilities in publicly funded activities may obtain a personal or financial interest or benefit from the activity other than by receipt of a salary.
   c. This also applies to those with whom they have family or business activities, during their tenure or for one year thereafter.

PROCEDURE M  INSURANCE PROCEDURES

1. Sufficient insurance shall be secured by nutrition contractor to cover nutrition contractor’s operations.
   a. Evidence of adequate insurance coverage shall be submitted with proposal for funding.

2. The following types of insurance shall be purchased and maintained at the nutrition contractor’s expense.
   a. Bonding for all employees who deal with money including the program director and fiscal staff.
   b. Comprehensive general liability with limits no less than $1,000,000.
   c. Comprehensive automobile liability with limits not less than $1,000,000.
   d. An umbrella policy.
   e. Coverage to include all facility and premise operations, all vehicles used, owned, and non-owned by delivery personnel,
workers compensation, unemployment, product liability and personal liability.

3. All policies shall name AOoA as an additional insured.

4. The policies shall contain a provision prohibiting cancellation, non-renewal, and decrease in coverage or substantial change without, at a minimum, 30 days prior written notice to AOoA.

5. The provider shall furnish AOoA with Certificates of Insurance not later than January 15 of the contract year or 10 days following the signing of the contract.

6. Provider shall obtain all insurance through companies authorized to do business in the State of Ohio.

PROCEDURE INDEMNIFICATION

1. AOoA, its agents, officers, employees or any of them, are not liable for injuries to any person or for damage to property of others or property owned or controlled by the nutrition contractor which damages or injuries may be claimed to be incident to or arising out of or in any way connected with the AOoA’s or nutrition contractor’s performance and/or delivery of nutrition services or of the act of omissions of AOoA’s employees, agents, or officers, except of claims for damages of injuries directly caused by the negligence of AOoA and its respective officers, agents or employees or any of them.

2. AOoA, its agents, officers, employee or any of them, are not responsible for the defense and payment of any claims, demands, expense or suits on account of any alleged injury of death to individuals or damage to property occurring during or arising out of the provision of nutrition service except for those caused by negligence on the part of AOoA, its officers, agents, or employees or any of them.

3. The nutrition contractor agrees to and shall indemnify and hold harmless AOoA and its agents, officers, and employees and each of them, from and against any and all liability, costs expenses, claims, and demands and causes of action whatsoever which may arise out of or in connection with in any way any undertakings, performance or responsibilities of the nutrition contractor, its agents, officers, employees or contractors, including without limitations acts of omissions or negligence on the part
of the provider, its agents, officers, employees or contractors of any of them and whether covered by insurance or not.

PROCEDURE O COMPLIANCE SUMMARY

The nutrition contractor agrees that upon the acceptance of a contract for nutrition services from the AOoA, the following items and assurances will be made available upon request from the AOoA or provided as outlined in the **AOoA’s Policy and Procedures for Nutrition Services**.

1. A copy of the most recent Food Service Operations Inspection Report.
2. A copy of the current Food Service License for preparation sites.
3. Job descriptions of all funded positions.
4. The nutrition contractor’s personnel policies.
5. The nutrition contractor’s current affirmative action plan.
6. A statement of policies and procedures directing the fiscal management and use of participant donations.
7. A statement of policies and procedures directing the targeting of services to those individuals in greatest social and economic need.
8. An assurance to comply with the reporting requirements of the ODA.
9. An assurance to comply with the reporting requirements of the AOoA.
10. An assurance to comply with the Meal and Nutrition Services Specifications of the ODA.
11. An assurance to comply with the Minimum Standards for Nutrition Services of the AOoA.
12. The nutrition contractor also agrees that the following items and assurances will be kept at the work site, and made available to the AOoA when requested and that the previous is in full compliance with all the requirements of all applicable federal, state and local laws, regulations and established guidelines which are incorporated by reference herein, including but not limited to:

   a. OAA of 1965, as amended.
   b. Civil Rights Act of 1964, as amended.
f. Criminal Background Check, S.B. 160.
g. Americans with Disabilities Act of 1990.
i. HIPAA guidelines providing Notice of Privacy Practices.
j. State and local health, fire, safety, zoning and sanitation codes.
k. Memorandum of Understanding between the ODA and the Ohio Department of Agriculture.
POLICY 318  COMMUNICATIONS

Nutrition Contractor shall be responsible for establishing procedures for clear communications between staff and participants, between nutrition contractor and employees and volunteers and between nutrition contractor and the AOoA.

PROCEDURE A  DIRECT COMMUNICATIONS BETWEEN STAFF AND PARTICIPANTS

1. Nutrition contractor shall be responsible for establishing procedures for clear communications between all staff and participants.

2. A knowledgeable representative, preferably the Dining Site Manager, shall be designated by the nutrition contractor to be available to program participants and employees to answer questions, requests and provide information.

   a. Dining site managers shall be trained to help participants obtain information on a variety of subjects.

   b. An information center shall be provided in a convenient and easily accessible area. Information about a variety of senior services shall be provided. Such information shall include transportation, PASSPORT, Options program, Caregiver Support, Chore, Housing Repairs and a list of phone numbers for senior services.

3. Staff and volunteers shall be trained to show positive, enthusiastic attitudes and treat participants with the utmost courtesy and respect.

   a. If confrontations occur on a regular basis between participant(s) and a particular employee or volunteer, the employee or volunteer shall be retrained on how to deal with such adversity or be asked to resign after sincere efforts have been made for resolution and the employee or volunteer has been found to be at the cause of the confrontation.

PROCEDURE B  COMMUNICATIONS BETWEEN NUTRITION CONTRACTOR AND STAFF AND VOLUNTEERS

1. Nutrition contractor shall be responsible for establishing procedures for clear communications between nutrition contractor and staff and volunteers.

   a. Nutrition contractor shall meet at least quarterly with staff and volunteers to provide continuous training and updated information about the senior network.
PROCEDURE C  COMMUNICATIONS BETWEEN NUTRITION CONTRACTOR AND AOoA

1. Nutrition contractor shall be responsible for establishing procedures for clear communications between nutrition contractor and the AOoA.
   
a. Nutrition contractor shall be responsible for keeping AOoA informed of senior network activities, which is extremely important and beneficial when AOoA assesses a nutrition program and determines funding needs.

2. AOoA shall inform nutrition contractor of senior network news as applicable.

3. Nutrition contractor shall be responsible for attending all mandatory PSA 4 senior network meetings and trainings.

4. AOoA shall meet at least semi-annually with nutrition contractors and/or site managers.

PROCEDURE D  NUTRITION ADVISORY BOARD

1. Nutrition contractor shall establish a Nutrition Advisory Board with representation from each nutrition site for the purpose of providing senior participants with an opportunity for input and participation in the program.
   
a. Nutrition Advisory Board shall meet at least quarterly.

   b. Announcements of meetings and copies of minutes from the Nutrition Advisory Board meetings shall be forwarded to the AOoA with the quarterly reports.

PROCEDURE E  GRIEVANCES

1. A written procedure for resolving complaints/problems with participants/clients, employees and volunteers shall be developed and implemented by the nutrition contractor for each site and production site.
a. Participants/clients, employees and volunteers shall be informed by the nutrition contractor that they have a right to file a grievance or complaint.

b. Written, signed complaints and grievances shall be resolved as indicated in writing with all parties’ signatures.

c. A file shall be maintained on all grievances submitted and their status.

PROCEDURE F COMPLAINTS AND DISPUTES BETWEEN NUTRITION CONTRACTOR AND AOOA

1. Complaints and disputes between nutrition contractor and AOOA that remain at an impasse after sincere efforts have been made for resolution, shall be placed in writing after which a meeting between both parties shall be called for discussion based on facts presented with effort by both parties to arrive at a mutually agreed-upon solution.

a. Written complaints shall be made between the Executive Director, AOOA and the nutrition contractor.

b. Disputes not resolved shall be decided after a hearing by the Nutrition Committee of the AOOA Board of Trustees who shall reduce the decision to writing and so inform both parties.

c. The decision of the Nutrition Committee shall be final and binding.
POLICY 319   STAFFING REQUIREMENTS

Nutrition contractor shall ensure there is an adequate number of qualified paid and volunteer staff to provide safe, complete and cost-effective dining site and HDM services. Nutrition contractors may use volunteers in place of paid staff.

PROCEDURE A   NUTRITION CONTRACTOR’S RESPONSIBILITIES

1. An organizational chart shall be developed showing positions funded and lines of communication and authority.

2. Nutrition contractor shall develop, implement and document a training plan, in addition to the orientation required by the Conditions of Participation, for all employees, staff, and volunteers who participate in food preparation, service and/or delivery.

3. Nutrition contractor shall ensure all employees and volunteers engaged in the preparation and service of food shall be instructed in and monitored for cleanliness, health and hygienic practices and employing good sanitary work practices.

4. Nutrition contractor shall ensure all employees and volunteers, who come into direct contact with senior participants as a part of their duties, treat all participants with the utmost courtesy and respect.

5. AOoA shall be informed in writing of any change in personnel significant to contract performance, prior to the change. This includes the registered-licensed dietitian, director of the nutrition program, site managers and HDM assessment supervisor.

6. Notification of job vacancies shall be submitted to the AOoA prior to initiation of recruitment and hiring procedures.

7. Salaries should be competitive, within the local geographic area, for jobs with similar responsibilities.

8. Each nutrition contractor will institute procedures for reviewing staff performance. This review should take place, at a minimum, annually.

9. Each nutrition contractor shall make a special and sustained effort to promote employment opportunities for older persons consistent with existing laws, practices and staffing needs of the agency.
   a. Special consideration must be given to the employment of people aged 60 and over.
b. Job opportunities must be available for senior volunteers and part-time workers.

(1) Each service provider will develop and maintain written job descriptions for these positions, paid or volunteer, that accurately describe responsibilities for each position.

PROCEDURE B JOB DESCRIPTIONS

1. There shall be a written job description for all paid and volunteer staff.

   a. Each position description shall specify and include the following:

   (1) Job title
   (2) Description of basic responsibilities
   (3) Qualifications for the job
   (4) Delineation of tasks
   (5) Lines of supervision, and
   (6) Hours and working conditions.

2. Job descriptions shall be reviewed with each new employee and volunteer.

3. Every employee and volunteer shall be provided with a copy of the job description for his/her current job.

4. Job descriptions shall be kept on file, reviewed annually, and updated as needed.

5. Current, up-to-date job descriptions for all paid and volunteer staff shall be available to AOoA upon request.

6. Job descriptions and pay ranges shall be submitted to the AOoA annually.

PROCEDURE C EMPLOYEE/VOLUNTEER FILES

1. There shall be an employee file for all paid and volunteer staff.

2. Employee/Volunteer file shall contain at least all the following:
POLICY 319

STAFFING REQUIREMENTS

a. Employee/volunteer personal information—home address, phone number, social security number, and emergency contact person.

b. A copy of a signed job description to indicate employee/volunteer has read and understands his/her duties.

c. A signed documentation of orientation and continued training.

   (1) A signed copy of all areas employee/volunteer has been oriented and trained in.

   (2) A signed copy that employee/volunteer has read and understands the employer has in force the Drug-free work environment policy, Affirmative Action Plan, Civil Rights Act of 1964, Fair Labor Standards Act and is an Equal Opportunity Employer.

d. A signed documentation that employee/volunteer has read and understands Ohio Administrative Code (OAC) 173-41-01 for criminal background check and received a copy of Paragraph (D) (1)-(3) making a declaration to have not committed an offense listed in Paragraph (E) of this code.

   (1) At minimum, Criminal Records Checks shall be completed and records kept on file for all new employees who go directly into the homes of seniors, including HDM delivery staff and personnel completing in-home assessments.

e. Nutrition contractor shall ensure a Criminal Background Records Check is completed on volunteers who go directly into the homes of seniors and documentation shall be kept in the volunteer’s file.

f. Employees/staff attending training sessions off-premises for which enumeration was made shall submit a written report to the program director within five days after the training, detailing the major points learned in the training and how this knowledge will be applied on the job. A copy of this report shall be kept in employee’s file.

g. A copy of all certificates or licenses related to food service or the aging network (i.e., certification in Applied Food Service Sanitation Course).

h. A copy of a current valid driver’s license for HDM drivers.
i. A copy of any incidents or grievances filed by or submitted about employee/volunteer.

PROCEDURE D STAFF POSITIONS

1. Nutrition Program Director—Nutrition contractor shall employ the services of a nutrition program director that has training and experience in food service management.

   a. The Nutrition Program Director shall:

      (1) Provide the management for and administration of the congregate and HDM programs.

      (2) Provide program leadership, program planning, financial management and data collection and analysis.

      (3) Monitor/inspect all preparation/packaging and dining sites and assume accountability for maintaining quality assurance.

      (4) Work with the supervisor/person in charge and dining site managers in the employee interviewing, hiring and disciplinary action functions as appropriate.

      (5) Oversee and maintain records for HDM assessments and reassessments.

      (6) Assume accountability for nutrition education of participants/clients.

      (7) Assume accountability for the training of employees and volunteers.

      (8) Assume accountability for the nutrition Outreach program and reaching the target population.

2. Supervisor/Person in Charge of Food Production Site(s)—Nutrition contractor shall designate a person or persons in charge of food production site(s) and shall ensure that a person in charge with applicable food service knowledge is present at the food production site(s) during all hours of operation. The Nutrition Program Director...
POLICY 319 STAFFING REQUIREMENTS

position can serve as the person in charge for small food service operations.

a. Nutrition contractor shall ensure any Person in Charge has successfully completed the Applied Food Service Sanitation Course (NIFI) sanctioned and certified by the Education Foundation of the National Restaurant Association (NRA), either through ODA or local colleges, universities, or technical schools offering the course.

   (1) Nutrition contractor shall ensure any PIC has attended the Applied Food Service Sanitation Course refresher course every five years.

b. The Supervisor/PIC of food production site(s) shall:

   (1) Provide daily supervision of the meal preparation, HDM service and the dining site service if available at the same site as the production kitchen.

   (2) Provide quality assurance through supervision of proper food handling and service procedures.

   (3) Order, purchase, receive and properly store all foods and supplies.

   (4) Maintain records for inventory supplies, meal reservations, dining site and HDM registration, meal count, HDM route information, delivery and food temperature maintenance, training and nutrition education.

   (5) Maintain the food service operation in a clean, safe condition and the facility and equipment in good repair.

   (6) Interview, hire employees and implement disciplinary action procedures under the direction of the nutrition program director.

   (7) Assist the nutrition program director with the training and orientating employees and volunteers.

   (8) Assist the program director with the nutrition education of participants/clients as directed.
(9) Ensure all employees/staff/volunteers report disease or medical conditions that are transmissible through food.

c. The Supervisor/PIC shall be funded up to four hours per day for activities directly related to the Title III-C nutrition program.

(1) A written rationale statement supporting the request that the Supervisor/PIC’s daily time exceed four hours for nutrition related activities shall be submitted by the provider to AOoA for consideration.

(2) If it is desired that the supervisor/PIC extend the daily hours beyond four hours to manage non-nutrition related activities at the site, other non-III-C sources of financial support shall fund the additional hours.

(3) The Supervisor/PIC’s duties may be combined with other duties (such as cook) and paid out of Title III-C funds.

(a) Working hours shall be adjusted accordingly.
(b) Job descriptions shall reflect these combined duties.

(4) The Supervisor/PIC’s duties may be combined with duties funded by other sources and hours adjusted accordingly.

(a) Each program shall be charged with an appropriate portion of salary.
(b) Job descriptions shall reflect these combined duties.

3. **Dining Site Manager**—Nutrition contractor shall employ a site manager for each dining site unless there is written authorization from AOoA for other arrangements. This individual shall have training and/or prior experience in food service, preferably in an institutional setting.

a. The Dining Site Manager shall:

(1) Be responsible for meal reservations and registration.

(2) Be responsible for collecting program income in a voluntary and confidential manner.

(3) Ensure proper food temperatures are maintained upon the arrival of the bulk dining site food and just prior to serving the meal.
(4) Prepare meal service, serve the meal and clean-up serving area and all tables.

(5) Prepare all items to be sent back to central kitchen, if applicable.

(6) Maintain records for meal reservations, meal registration, meal count, program income and food temperature maintenance.

(7) Assist the nutrition program director with the training of employees and volunteers and maintain documentation.

(8) Assist the nutrition program director with the nutrition education of participants and maintain documentation.

b. The Dining Site Manager shall be funded up to four hours per day for activities directly related to the Title III-C nutrition program.

(1) A written rationale statement supporting the request that the Dining Site Manager’s daily time exceed four hours for nutrition related activities shall be submitted by the nutrition contractor to AOoA for consideration.

(2) If it is desired that the site manager extend the daily hours beyond four hours to manage non-nutrition related senior center activities at the site, other non-III-C sources of financial support shall fund the additional hours.

(3) The Dining Site Manager’s duties may be combined with duties funded by other sources and hours adjusted accordingly.

(a) Each program shall be charged with an appropriate portion of salary.
(b) Job descriptions shall reflect these combined duties.

4. Registered Dietitian—Nutrition contractor shall employ and use the services of a dietitian registered by the Commission on Dietetic Registration credentialing agent of the American Dietetic Association and licensed by the Ohio Board of Dietetics. The Registered Dietitian may be employed in a consultant capacity
POLICY 319

STAFFING REQUIREMENTS

a. The Registered Dietitian shall:

(1) Approve menus and any menu changes.

(2) Assist the nutrition contractor in implementing the food service requirements of the AOoA Policy and Procedures for Nutrition Services.

(3) Assist the nutrition contractor in maintaining a cost-effective service.

(4) Assist the nutrition contractor with and approve programs for nutrition education which are not provided by the AOoA.

(5) Assist the nutrition contractor with programs for the training of employees and volunteers.

(6) Assist the nutrition contractor, through consultation and guidance, with the HDM client assessment and reassessment functions.

(7) Assist as needed in the monitoring of food production site(s).

b. The nutrition contractor shall supply AOoA with a copy of the registered-licensed dietitian’s current ADA registration and Ohio licensure cards annually.

5. HDM Assessment Supervisor—Nutrition contractor shall employ and use the services of a licensed-registered dietitian (RD/LD), licensed social worker (LSW), registered nurse (RN) or other professional approved by AOoA to supervise the HDM assessment function.

a. The HDM Assessment Supervisor shall:

(1) Review all HDM assessments and reassessments with the assessor.

(2) Evaluate findings.

(3) Develop a plan with the assessor and take an appropriate action on the findings.
(4) Supervise the assessment function.

(5) Train assessors to complete the HDM assessments and reassessments using assessment forms approved by the AOoA.

6. **HDM Assessor**—Nutrition contractor shall employ HDM Assessor(s) to complete assessments and reassessments with HDM clients.
   
a. The assessor shall have the following training and qualifications:

   (1) Interviewing and assessment techniques.

   (2) Sensitive to working with culturally diverse elderly.

   (3) Adept at evaluating the information received.

   (4) Observant of the client’s physical surroundings and individual condition.

   (5) Understanding of the nutritional needs of the elderly.

   (6) Ability to make objective judgments based on facts gathered and observations made during the interview.
Outreach procedures shall be performed to assure all eligible individuals in greatest economic or social need have the opportunity to participate in the Elderly Nutrition Programs.

**Client Finding Definition:**

Client Finding is defined as outreach to individuals in the community to encourage the use of the elderly meal program and other related nutrition services and benefits. Contacts can be made either by telephone, in person, in the home or in the community.

**Mass Outreach Definition:**

Mass Outreach is defined as outreach to groups to encourage the use of existing nutrition services. Typical activities include newsletters, full newspaper articles describing services, speaking engagements, regular radio shows and documented public service announcements. Interviews, such as in newspaper articles, or on the radio or TV, shall not be counted as mass outreach.

**PROCEDURE A OUTREACH PROCEDURES**

1. Nutrition contractor shall give special consideration to targeting those older individuals who are in the greatest economic or social need with emphasis to minority, limited income, frail and impaired, socially disadvantaged seniors, rural, abused/neglected/financially exploited, and mentally or physically challenged.

2. Outreach programs shall include Mass Outreach as well as individual Client Finding.

3. Nutrition contractor shall be accountable for directing, implementing and monitoring the outreach program.

4. The cost of outreach services shall be reflected in the direct cost per unit of each meal.

5. A detailed plan outlining an annual outreach program for the service area shall be submitted to AOoA each January.

   a. The plan shall specify how those older persons with the greatest social and economic needs will be targeted and what innovative ideas will be used for outreach.
6. The Provider shall submit reports of outreach activities to AOoA on a quarterly basis on forms provided by AOoA.

PROCEDURE B OUTREACH PERFORMANCE

1. If current outreach is not effective as evidenced by low participation at senior dining sites, outreach efforts shall be re-evaluated and new ideas shall be implemented until levels improve.

   (a) Client Finding shall be in direct relation with the service level and performance. For example, if there is low participation, Client Finding should be increased to help increase participation levels and vice versa.

2. New outreach ideas implemented shall be submitted with the quarterly reports.

   (a) Explain in detail how new outreach ideas have been implemented, describe any difficulties with the implementation, how the new implementation is going, to what degree has participation increased, and any concern, challenges or compliments in the implementation.
POLICY 321

OTHER NUTRITION PROGRAMS: NUTRITION EDUCATION, DIABETES EDUCATION, NUTRITION COUNSELING, NUTRITION SCREENING AND THE SENIOR FARMERS’ MARKET NUTRITION PROGRAM

Nutrition Education is designed to provide current nutrition education programs to senior dining sites and nutritional handouts to HDM clients. Diabetes education is designed to provide group and individual diabetes education at senior dining sites and as needed for homebound seniors. Nutrition counseling is designed to provide individualized guidance on appropriate food and nutrient intakes for those with special needs. Nutrition screening is designed for a group setting or on an individual basis to identify participants who are at nutritional risk. The SFMNP is a grant from the USDA awarded to the ODA and the AOoA to provide fresh fruits, vegetables and herbs to limited income senior citizens in Northwestern Ohio.

PROCEDURE A NUTRITION EDUCATION

1. Nutrition Education shall be provided at least quarterly to all senior dining site participants and HDM clients in the Title III-C program and nutrition programs receiving Lucas County Senior Services Funding.

   a. Title III D providers shall offer nutrition education activities at a frequency defined by the contract with AOoA.

2. The AOoA shall provide nutrition education materials to the nutrition contractor as defined by the contract with AOoA.

   a. The AOoA shall provide nutrition education training for all nutrition contractors and site managers.

      (1) The nutrition education training is mandatory for all nutrition contractors, site managers and those who are presenting the nutrition education programs.

      (2) The nutrition education materials shall be distributed at the training sessions.

      (3) The AOoA shall provide a lesson plan to select activities from and printed nutrition education materials for dining site and HDM participants.

      (4) Any changes in nutrition education programming shall be approved by the AOoA or the Service Provider’s Registered-Licensed Dietitian and implemented under his/her direction.
3. A detailed plan outlining the quarterly nutrition education programs for participants/clients shall be submitted annually to the AOoA. The plan shall contain the following:

   a. Dates of nutrition education presentations at each senior dining site and the length of each session.

   b. A course outline for each nutrition education session (if different or in addition to what is provided from the AOoA).

   c. For each planned session, the presenters’ name and credentials shall be provided based on the program content and the Ohio Dietetic Licensure Law requirements.

   d. A registered-licensed dietitian shall approve the annual written plan and any nutrition education materials used or distributed.

   (1) Approval shall ensure the nutrition education plan and all nutrition education materials are:

      (a) Tailored to the needs, interests and abilities of the participants/clients

      (b) Contain accurate and relevant information

      (c) Written at an appropriate literacy level for the target population, and

      (d) At minimum to be supervised by the registered-licensed dietitian in the development of the materials.

4. Cost of the nutrition education services shall be reflected in the Title III-C unit cost of the meal.

   a. Costs shall include administration, in-kind, supplies, travel and documentation, as well as other related costs.

5. Nutrition contractor shall submit reports of all nutrition education activities to AOoA on a quarterly basis on forms provided by AOoA.
a. The following shall be documented when reporting nutrition education: the actual number of units for each dining site and for HDM clients as a whole unit, the person(s) doing the activity, person(s) reached, dates activity took place, place where activity occurred and describe the actual activity. If a presentation is given, signature of each attendee shall be documented. Sample copies of handouts shall be provided with the quarterly report, if using any nutrition materials different than what is provided by the AOoA.

6. Nutrition contractor shall maintain documentation of nutrition education materials, sign-in attendance forms and dates of presentations at senior dining sites, nutrition education distribution to HDM clients and name and credentials of those presenting the nutrition education.

   a. Nutrition education reports and materials shall be made available to AOoA upon request.

7. Nutrition education programs at senior dining sites shall:

   a. Be made under the direction of the registered-licensed dietitian.

      (1) The actual presentation may be made by the program director, site manager, registered-licensed dietitian or qualified guest speaker, who meets the Ohio Dietetic Licensure Law requirements or exemptions.

   b. Be at least 20 to 30 minutes in length followed by a question and answer period.

   c. Consist of activities, an actual presentation or a discussion on the nutrition education materials—nutrition education programs at all senior dining sites shall consist of more than merely passing out a handout(s).

   d. Have all attendees sign an attendance sheet with the name of the session, date and the presenter at the top of the form.
8. Nutrition education for HDM clients shall:
   a. Be provided in information packets which have been approved by qualified persons who meet the Ohio Dietetic Licensure Law or exemptions requirements.
      
      (1) Nutrition contractor shall maintain documentation of nutrition education packets distributed to each HDM client, distribution date and a copy of all materials contained in the packet.

PROCEDURE B  DIABETES EDUCATION

1. The Diabetes Education Program shall:
   a. Be provided by the AOoA, as funding permits, at selected senior dining sites.
      
      (1) The AOoA shall determine the senior dining sites based on location and need for the program.

      (2) The AOoA shall provide an original copy of the program material and schedules for the selected senior dining sites to make copies as needed for those interested in attending the sessions.

   b. Be presented by a registered-licensed dietitian/certified diabetes educator.

   c. Provide the following:
      
      (1) One-on-one, ten-minute education sessions with the registered-licensed dietitian/certified diabetes educator to address individual concerns about managing diabetes.

      (a) In compliance with HIPAA guidelines, the client participating in one-on-one diabetes education sessions shall be given an explanation and a copy of the Notice of Privacy Practices at the initial session. If client is still receiving counseling after one year,
verify if client has a copy of the Notice of Privacy Practices. Provide one if client does not have a copy.

(2) A thirty to forty minute group learning activity, in which tips, ideas and recipes are provided to help those attending who are living with or caring for someone with diabetes.

d. Be offered at no charge to anyone wishing to participate as long as he/she is eligible for senior programs or is caring for someone who is eligible for senior programs.

e. In-home diabetes education shall be offered to any homebound senior who meets the elderly nutrition meals program eligibility and has a need for diabetes education.

(1) Homebound senior shall receive one hour diabetes education session and up to two follow-up sessions as needed.

(2) There shall be no charge to the homebound client.

PROCEDURE C NUTRITION COUNSELING

1. Nutrition Counseling is designed to provide individualized guidance on appropriate food and nutrient intakes for those with special nutritional needs.

   a. The client’s home, desires, health, caregiver resources and cultural, socioeconomic, functional and psychological factors shall all be taken into consideration.

2. To provide nutrition counseling, one must be:

   a. A dietitian

   b. Registered by the Commission on Dietetic Registration, credentialing agent of the American Dietetic Association, and

   c. Licensed by the Ohio Board of Dietetics.
3. Nutrition Counseling shall be delivered in the client’s home, in a community-based setting or over an approved ‘telephone-the-client-at-home’ program.

4. In compliance with HIPAA guidelines, the client shall be given an explanation and a copy of the Notice of Privacy Practices at the initial assessment. If the client is still receiving counseling after one year, verify if client has a copy of the Notice of Privacy Practices. Provide one if client does not have a copy.

5. The registered-licensed dietitian shall assess the client’s nutritional needs based on at least the following required areas:

   a. Height and weight history
   b. Adequacy of nutrient intake
   c. Prescribed medications, over the counter medications and supplements
   d. Clinical data including diagnosis and diagnostic test results
   e. Observations of both oral and motor skills, when applicable, and
   f. Caregiver and client interactions during feeding, when applicable.

6. The qualified dietitian shall develop, implement, evaluate, and update a nutrition care plan for each client based on the client’s condition and response.

   a. The care plan must include the following:

      (1) The diagnosis, diagnostic tests and any current changes in physical, emotional, environmental or nutritional status which affect a client’s overall nutritional condition.

      (2) A list of all nutritional supplements and any possible drug-nutrient interactions.
(3) A current diet order by physician or the diet client is following on his/her own and state client’s reason(s) for following a particular diet.

(4) How client receives his/her meals, if he/she feeds self or needs assistance in eating, if there are any chewing or swallowing difficulties, and daily food intakes.

(5) Current weight and weight history.

(6) The method of nutrition education or counseling.

(7) Recommendations for improving nutritional status with measurable outcomes.

(8) An exact date or approximate time frame for a follow-up nutrition counseling session.

b. The care planning process shall include:

(1) The client

(2) The client’s family or caregiver

(3) PAA

(4) The physician(s) involved in clients overall care, and

(5) Relevant service providers, when applicable.

7. Cost of nutrition counseling services shall be reflected in the Title III-C direct unit cost per meal for Title III-C clients.

8. Title III-C and Title III-D providers shall maintain readily accessible records of nutrition counseling services provided to each client to ensure continuity of care with other healthcare and social service professionals, including physicians, who coordinate or oversee the client’s overall status and connections within the community.

9. PASSPORT providers shall also:
a. Obtain and maintain documentation of physician authorization of nutrition assessment and counseling services, care plan development and revisions specific to each client.

b. Update the physician’s authorization at least every 60 days.

c. Provide the case manager with a copy of the report of assessment outcome and the nutrition intervention plan within seven working days following the initial assessment.

d. Provide a written summary of client progress to the case manager at least every 30 days.

e. Negotiate charge for nutrition counseling services for PASSPORT clients between the Provider and PAA and become a part of the contract.

PROCEDURE D NUTRITION SCREENING

1. Nutrition Screening service shall be designed to identify clients who are at nutritional risk in a group setting or on an individual basis.

2. Nutrition screening for Title III-C clients shall be incorporated into the HDM assessment tool and in the dining site “intake” form.

   a. The DETERMINE checklist shall be a part of each tool.

3. The Title III-D provider must use the National Nutrition Screening Initiative’s (NSI) DETERMINE Checklist when screening clients. The DETERMINE checklist is designed for self-administration by the client. Therefore, this process does not require professional staff to collect data.

   a. The Title III-D provider who offers Level 1 and Level 2 Screens must follow the NSI’s protocols for referral of clients for Level 1 and Level 2 Screens.

      (1) Level 1 Screen must be administered by a social service or health professional.
(2) Level 2 Screen must be administered by a health professional who meets the Ohio Licensure Law requirements or exemptions, preferably a registered-licensed dietitian with recent clinical experience.

(3) Level 1 and Level 2 Screen combined must be administered by a health professional who meets the Ohio Dietetic Licensure Law requirements or exemptions, preferably a registered-licensed dietitian with recent clinical experience.

b. Charges for nutrition screening services for III-D purposes are a part of the contract negotiated between the III-D provider and the AOOA.

(1) This charge shall cover all costs including administration, in-kind, supplies, travel and documentation time.

c. In compliance with HIPAA guidelines, the client shall be given an explanation and a copy of the Notice of Privacy Practices at the initial assessment. If client is still receiving nutrition screening after one year, verify if client has a copy of the Notice of Privacy Practices. Provide one if client does not have a copy.

PROCEDURE E SFMNP

SFMNP Definitions:

SFMNP—The SFMNP is a grant from the USDA awarded annually as funding permits to the ODA and the AOOA to provide fresh fruits, vegetables and herbs to limited income senior citizens in Northwestern Ohio. The purpose of the SFMNP is to improve the nutritional health of limited income seniors and to increase business for local farmers. Eligible seniors receive coupons from June to October to obtain fresh, locally grown fruits, vegetables and herbs from registered participating farmers who sell produce at farmers’ markets or roadside stands. Eligible senior participants also receive a nutrition education handout upon each distribution of coupons. The AOOA and ODA receive no administrative dollars to manage the SFMNP. The entire grant award received is disbursed to participating farmers upon submission of coupons the farmer has redeemed from eligible senior participants for fresh produce.
POLICY 321  OTHER NUTRITION PROGRAMS: NUTRITION EDUCATION, DIABETES EDUCATION, NUTRITION COUNSELING, NUTRITION SCREENING AND THE SENIOR FARMERS’ MARKET NUTRITION PROGRAM

**Participating Senior**—Any senior citizen who meets the eligibility guidelines as set forth by the AOoA, USDA and ODA.

**Distribution Site**—A site approved by the AOoA to serve as a location from which to distribute SFMNP applications, coupons, lists of participating farmers, program information and nutrition education handouts.

**Distribution Agent**—The entity that is ultimately responsible for the distribution of applications, coupons and information for the SFMNP. Upon the AOoA receiving a signed contract to abide by the guidelines as set forth by the SFMNP grant, the Distribution Agent is responsible for one or more approved distribution sites as stated in the Distribution Agent contract.

**Registered Participating Farmer**—An individual who grows and sells produce at farmers’ markets, roadside stands or community supported agriculture programs, and who does not exclusively sell produce obtained from another person or entity, such as a “wholesaler,” has been approved by the AOoA to participate in the SFMNP and has a signed contract with the AOoA to abide by the guidelines as set forth by the SFMNP grant.

**Wholesaler**—A person, business or corporation that is in the business of selling food it does not grow.

**Supplemental Produce**—Locally grown items on the authorized produce and herb list purchased or obtained by a participating farmer from another farmer who grew the “supplemental produce.” “Supplemental produce” does not include anything purchased or obtained from a store or other type of “wholesaler.”

1. **Participating Seniors**
   a. **Eligibility for the SFMNP:**
      (1) Anyone who is 60 years of age at time of application, and
      (2) Has an annual income at or below 185% of poverty.
   b. Eligible participating seniors shall be responsible for:
POLICY 321

OTHER NUTRITION PROGRAMS: NUTRITION EDUCATION, DIABETES EDUCATION, NUTRITION COUNSELING, NUTRITION SCREENING AND THE SENIOR FARMERS’ MARKET NUTRITION PROGRAM

(1) Contacting an approved distribution site to obtain dates for filling out SFMNP applications and coupon distribution

(2) Annually filling out one SFMNP application completely and honestly

(3) Verifying the coupons received by signing the Monthly Coupon Distribution Log at the distribution site

(4) Obtaining only one authorized set of coupons from the same distribution site upon each coupon distribution (A participating senior may not go from distribution site to distribution site obtaining coupons)

(5) Redeeming coupons for only fresh, locally grown fruits, vegetables and herbs that appear on the list of authorized produce as listed in the SFMNP Manual

(6) Redeeming coupons only from registered participating farmers who sell produce at farmers’ markets or roadside stands (Coupons cannot be redeemed at local grocery stores or any other unauthorized business)

(7) Signing the coupon upon redemption in the presence of the participating farmer or cashier

(8) Using all issued SFMNP coupons within the valid period as stated on the coupons

(9) Obtaining the full value of the coupon in fresh produce

(10) Being courteous to the distribution site staff/volunteers and the participating farmers, and

(11) Not taking any coupons if the senior cannot use them, returning any issued valid unused coupons to the distribution site if the senior cannot use them and disposing any unused coupons which have expired.

c. Homebound seniors may obtain a trustworthy person or proxy who shall be responsible for picking up the participating seniors’
POLICY 321 OTHER NUTRITION PROGRAMS: NUTRITION EDUCATION, DIABETES EDUCATION, NUTRITION COUNSELING, NUTRITION SCREENING AND THE SENIOR FARMERS’ MARKET NUTRITION PROGRAM

coupons at each distribution and obtaining the produce for them. Both the homebound senior and proxy must sign the SFMNP application.

d. The AOoA and Distribution Agent/Site shall hold the participating senior accountable for completing a fraudulent application and for fraudulently obtaining more coupons than one set at each coupon distribution.

2. Distribution Agent

a. The Distribution Agent shall be responsible for:

   (1) Annually attending the SFMNP training and ensuring all distribution site staff and volunteers have been trained in the SFMNP guidelines and coupon distribution process

   (2) Abiding by the guidelines of the grant and ensuring all the approved distribution sites under their authority are in compliance with the rules and regulations as set forth in the Senior Farmers’ Market Nutrition Program Policy and Procedure Manual

   (3) Annually signing a Distribution Agent Contract with the AOoA and ensuring no applications are being distributed or accepted until the AOoA has received a signed contract

   (4) Overseeing and monitoring the coupon distribution process at one or more approved distribution sites as stated in the Distribution Agent Contract

   (5) Providing all SFMNP materials (making copies of the applications and lists of participating farmers as needed) and coupons to the distribution sites in a timely manner

   (6) Making copies of all applications and Month Coupon Distribution Logs for each distribution site to maintain as a reference, if needed
(7) Returning any coupons not distributed and the Monthly Coupon Distribution Logs to the AOoA by the date indicated in the SFMNP Manual

(8) Entering all participant information into SAMS 2000 via [www.agingnetwork.com](http://www.agingnetwork.com) reporting system, verifying participant eligibility and reporting any problems of participant duplication to the AOoA, and

(9) Storing all SFMNP coupons in a safe and secure location.

b. The Distribution Agent shall be held accountable for:

(1) Signing up and/or distributing coupons to any ineligible participants

(2) Distributing more than one set of coupons to any participant at each coupon distribution, and

(3) Any lost or stolen SFMNP coupons.

3. Distribution Site(s)

a. The distribution site(s) shall be responsible for:

(1) Annually attending the SFMNP training and ensuring all distribution site staff and volunteers have been trained in the SFMNP guidelines and coupon distribution process

(2) Abiding by all the guidelines as set forth by of the SFMNP grant

(3) Using the SFMNP as an outreach nutrition service

(4) Designating a greeter for all new seniors coming into the sites for coupons

(5) Distributing brochures and informational flyers about the program in a timely manner
OTHER NUTRITION PROGRAMS: NUTRITION EDUCATION, DIABETES EDUCATION, NUTRITION COUNSELING, NUTRITION SCREENING AND THE SENIOR FARMERS’ MARKET NUTRITION PROGRAM

(6) Distributing application forms and assisting seniors, as needed, in completing the application process as per the procedures in the SFMNP Distribution Agent Program Manual

(7) Verifying participant’s eligibility for the program

(8) Distributing the allocated coupons on a first-come, first-served basis and ensuring no coupons are held back or saved for any participants

(9) Ensuring eligible participants or proxy sign the Monthly Coupon Distribution Log and receive only one set of coupons per coupon distribution

(10) Distributing the SFMNP nutrition education handouts and a list of registered participating farmers to all participants as directed

(11) Returning any coupons not distributed and the Monthly Coupon Distribution Logs to the Distribution Agent in a timely manner to be turned into the AOoA by the date indicated in the SFMNP Manual

(12) Storing all SFMNP coupons in a safe and secure location

(13) Reporting any fraudulent behavior to the AOoA, and

(14) Directing any interested area farmer to call the AOoA for obtaining information on participating in the SFMNP.

4. Registered Participating Farmer

   a. The registered participating farmer shall be responsible for:

   (1) Becoming a registered participating farmer as approved by the AOoA

   (2) Attending training and provide training to all their employees
(3) Abiding by the guidelines of the grant and ensuring all employees under their authority are in compliance with the rules and regulations as set forth in the SFMNP Policy and Procedure Manual

(4) Annually signing a Participating Contract with the AOoA and ensuring all information on the contract is as accurate

(5) Posting at all stands the laminated poster(s) provided by the AOoA that indicates the farmer is participating in SFMNP

(6) Clearly marking produce that is, and that which is not, fresh locally grown items on the authorized produce list as listed in the SFMNP Manual

(7) Posting current prices directly on or near all produce

(8) Providing only wholesome quality, fresh, locally grown fruits, vegetables and herbs that are on the authorized produce list for coupons from participating seniors

(9) Not accepting coupons for any processed foods, produce not in its natural state, non-local produce and for any wholesale produce

(10) Accepting only coupons within their valid period as stated on the SFMNP coupons

(11) Providing produce for the total value of the coupon

(12) Providing no change back, no rain checks or charging taxes on the produce purchase

(13) Ensuring the participating senior has signed the coupon

(14) Circling the items purchased on the back of the coupon

(15) Stamping the farmers’ name, address and ID number on the back of the coupons
COUNCIL ON AGING OF NORTHWESTERN OHIO, INC.

POLICY 321

OTHER NUTRITION PROGRAMS: NUTRITION EDUCATION, DIABETES EDUCATION, NUTRITION COUNSELING, NUTRITION SCREENING AND THE SENIOR FARMERS’ MARKET NUTRITION PROGRAM

(16) Submitting a completed SFMNP invoice and coupons for payment to the AOoA by dates indicated in the SFMNP Manual, and

(17) Reporting any abuses or misuses in the redemption of the SFMNP coupons to the AOoA.

b. The participating farmer shall reimburse the AOoA for any coupons improperly redeemed or submitted for payment in violation of the SFMNP guidelines.

5. AOoA

a. The AOoA shall be responsible for:

(1) Providing the program upon receiving the SFMNP grant from the USDA

(2) Overseeing the entire program ensuring all guidelines of the grant are in compliance

(3) Making the final determination in the distribution sites used for the coupon distribution and for the farmers participating in the SFMNP each year

(4) Monitoring the Farmers’ Markets, roadside stands and participating farmers for compliance;

(5) Monitoring the Distribution Agents and the distribution sites for compliance

(6) Developing informational and nutrition education handouts for the SFMNP

(7) Providing training and technical assistance, and

(8) Handling the fiscal administration of the program.
POLICY 322   SUBCONTRACTING

Subcontracting is designed to provide additional services in which the nutrition contractor is unable to provide, such as therapeutic or mechanically altered diets.

PROCEDURE A   SUBCONTRACTING UPON APPROVAL

1. With prior written approval from the AOoA, nutrition contractors may be authorized to subcontract for the following:
   a. The procurement (cater/catering) of food
   b. The procurement and physical transportation of food service supplies, and/or
   c. The procurement of necessary administrative services and supplies for nutrition contractor to effectively and efficiently operate the program.

2. The nutrition contractor’s intent to subcontract funds shall be stated in the Bid document.
   a. An amendment shall be made to the nutrition contractor’s contract each contract year.

3. The nutrition contractor shall not subcontract the entire program operations to other agencies, except with written pre-approval from the AOoA.

4. Procurement of catering contracts over $10,000 shall be made by the competitive sealed bid method with bid specifications adhering to ODA/AOoA guidelines.

PROCEDURE B   SUBCONTRACT MEAL CATERING AGREEMENT

1. Prior to signing a Subcontract Meal Catering Agreement, nutrition contractor shall provide caterer with a copy of the AOoA’s Policy and Procedures for Nutrition Services and the PASSPORT Conditions of Participation 5101:3-31-09 E for HDM Service Specifications, if applicable.

2. Nutrition contractors shall submit Subcontract Meal Catering Agreement to the AOoA for review and approval prior to being signed by the nutrition contractor and caterer.
3. All Subcontract Meal Catering Agreements shall comply with AOoA Bid Proposal, Contract Requirements and AOoA’s Policy and Procedures for Nutrition Services.

4. Nutrition contractor shall have a Subcontract Meal Catering Agreement with each caterer reviewed, updated where appropriate, such as price per meal, and signed annually.

   a. The definition of Subcontract Meal Catering Agreement is as follows: “Any written agreement between a nutrition service contractor and any organization, for-profit or not-for-profit, to provide meals for a fixed price (lump sum or price per meal).”

   b. The Subcontract Meal Catering Agreement shall, at minimum, contain the following as part of the agreement:

      (1) Caterer has read and understands the AOoA’s Policy and Procedures for Nutrition Services (and the PASSPORT Conditions of Participations 5101:3-31-09 E for HDM Service Specifications, if applicable).

      (2) All meal procurement/production and delivery functions shall be in compliance with all food sanitation regulations and food service and health requirements established by local, state and federal boards of health.

         (a) The caterer shall comply with the Ohio Uniform Food Safety Code (Chapter 3717-1 of the Ohio Administrative Code).

      (3) All foods shall be thoroughly insulated and protected from spoilage, rodents, insects, chemicals and other sources of contamination.

      (4) All food shall be selected, stored, prepared, packaged and transported in such a way to ensure the maximum nutrient content and safety of the food.

      (5) Food preparers who do not serve meals directly to participants must label meals with a production date.

      (6) All equipment, including food storage, used in the production of meals shall meet the standards of the Ohio Uniform Food Safety Code.
(7) Foods transported in containers shall be maintained at the following temperatures:

(a) Hot foods shall be packed at a temperature of at least 160°F and delivered to home-delivered meal clients at a temperature of at 140°F or higher.

(b) Cold foods shall be kept at 41°F or below during transportation and upon delivery.

(c) Frozen foods shall be kept at 32°F or below during packing, transportation, and placed in appropriate storage upon reaching destination.

(8) Caterer shall be able to procure, produce and deliver meals that implement the 2005 U.S. Dietary Guidelines for Americans and meet one-third of the daily RDAs and DRIs for vitamins and elements as adopted in 1998 by the Food and Nutrition Board of the National Academy of Science National Research Council for a person 51 years of age or older for each meal using the required meal pattern as stated in the AOoA’s Policy and Procedures for Nutrition Services and the PASSPORT Conditions of Participations 5101:3-31-09 E for Home Delivered Meal Service Specifications, if applicable.

(a) Regular Meals—each meal must include the five food groups, the Vitamin C requirement, and two (2) additional required items as listed in the chart contained in Policy 307 Procedure B of this document, and when appropriate, meal accompaniments to enhance meal palatability.

(b) PASSPORT Meals—each meal must meet the Required Menu Pattern as stated in the PASSPORT Conditions of Participation 5101:3-31-09, E (17 & 18).

(c) Each meal shall comply with the required meal pattern or meet the RDAs/DRIs and the 2005 Dietary Guidelines using an approved program for computer assisted menu analysis.
POLICY 322  SUBCONTRACTING

(9) Caterer shall provide nutrition contractor with a copy of menus signed by a registered-licensed dietitian prior to implementation of cycle menus.

(10) Within five days of receipt, caterer shall provide nutrition contractor with a copy of all food service licenses and all food service inspections.

(11) Nutrition contractor shall be notified in writing of any change in service prior to the change being implemented.

PROCEDURE C  SUBCONTRACTING COMPLIANCE

1. Nutrition contractors shall comply with all ODA policies and procedures applicable to subcontracting meal production and service referred to in ODA Policy 209.00 Service Provider Subcontracting.

2. Sub-contractors are bound by the same requirements as those mandated by AOoA of the nutrition contractor.

3. Nutrition contractors who subcontract for the procurement (cater/catering) and physical transport of food and food supplies shall ensure caterer is in compliance with all the requirements in the AOoA’s Policy and Procedures for Nutrition Services for subcontract meal production, food transport and food handling, through their subcontract bid and agreement process. The same providers shall also meet these same requirements for any aspect of food handling and delivery directly performed by the provider.

PROCEDURE D  CONTRACT FOR GOODS AND AUXILIARY SERVICES

1. Title III contracts for goods and auxiliary services shall be awarded by providers in compliance with procurement procedures as specified in 45 CFR Part 74, Subpart P and circular 102, Attachment O. The purchase of equipment and food services are examples of items for which procurement contracts would be appropriate.

   a. When procuring goods and services as defined in this section, the provider shall adhere to the most appropriate of the four procurement methods outlined in 45 CFR Part 74 and circular 102.

      (1) Small purchase procedures

      (2) Competitive sealed bids
(3) Competitive negotiations, and
(4) Noncompetitive negotiations.

2. When applicable, a nutrition contractor shall formally advertise its intent to purchase food, services and equipment via the procurement method.
   a. An advertisement shall be placed in the newspaper with the widest circulation in the area deemed appropriate enough to stimulate open competition.

3. When applicable, the provider shall develop, circulate and make available upon request, specifications desired for goods and/or services to be procured.

4. A nutrition contractor shall not use OAA funds under an allowable cost contract at the service provider level for purchase of equipment, property or auxiliary services exceeding $2,000 unless:
   a. Authorized by the Act
   b. Approved by the AOoA, or
   c. Approved by ODA as part of the approved Area Plan.
      (1) The nutrition contractor shall put in writing the request, including rationale for request, plan for use and complete purchase specifications, and forward to AOoA for review and approval.

5. Procurement of computer hardware including terminals and any peripheral devices purchased with Title III-C funds must receive prior approval of AOoA.
   a. Software exceeding $500 purchased with Title III-C funds shall receive prior approval of AOoA.
   b. Requests, including rationale for request, plan for use and complete purchase specifications, shall be made in writing to AOoA for review and approval.
6. Title to all equipment, supplies, real property, personal property, and fixtures purchased with funds under this contract/grant shall be vested with the AOoA.

7. The AOoA hereby reserves the right to require the Nutrition contractor to transfer the title to any property in accordance with 45 CFR Part 74, 74.136.
APPENDIX
### Abbreviations Used in Nutrition Services Minimum Standards

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AoA</td>
<td>Administration on Aging</td>
</tr>
<tr>
<td>AOOA</td>
<td>Area Office on Aging of Northwest Ohio</td>
</tr>
<tr>
<td>C-1</td>
<td>Dining Site Meals</td>
</tr>
<tr>
<td>C-2</td>
<td>Home Delivered Meals</td>
</tr>
<tr>
<td>CDBG</td>
<td>Community Development Block Grant</td>
</tr>
<tr>
<td>CFR</td>
<td>Code of Federal Regulations</td>
</tr>
<tr>
<td>COP</td>
<td>Conditions of Participation</td>
</tr>
<tr>
<td>DRI’s</td>
<td>Dietary Reference Intakes</td>
</tr>
<tr>
<td>HACCP</td>
<td>Hazard Analysis Critical Control Point</td>
</tr>
<tr>
<td>HDM</td>
<td>Home Delivered Meals</td>
</tr>
<tr>
<td>HIPAA</td>
<td>Health Insurance Portability and Accountability Act of 1996</td>
</tr>
<tr>
<td>LSW</td>
<td>Licensed Social Worker</td>
</tr>
<tr>
<td>MNA</td>
<td>Mini Nutritional Assessment</td>
</tr>
<tr>
<td>MOWAA</td>
<td>Meals on Wheels Association of America</td>
</tr>
<tr>
<td>NANASP</td>
<td>National Association of Nutrition and Aging Services Programs</td>
</tr>
<tr>
<td>NAPIS</td>
<td>National Aging Program Information Systems</td>
</tr>
<tr>
<td>NGA</td>
<td>Notification of Grant Award</td>
</tr>
<tr>
<td>NRA</td>
<td>National Restaurant Association</td>
</tr>
<tr>
<td>NSI</td>
<td>National Nutrition Screening Initiative</td>
</tr>
<tr>
<td>NSIP</td>
<td>Nutrition Services Incentive Program</td>
</tr>
<tr>
<td>OAA</td>
<td>Older Americans Act</td>
</tr>
<tr>
<td>OAC</td>
<td>Ohio Administrative Code</td>
</tr>
<tr>
<td>OASIS</td>
<td>Ohio Aging Services Information Systems</td>
</tr>
<tr>
<td>ODA</td>
<td>Ohio Department of Aging</td>
</tr>
<tr>
<td>OMB</td>
<td>Office of Management and Budget</td>
</tr>
<tr>
<td>OONN</td>
<td>Older Ohioans Nutrition Network</td>
</tr>
<tr>
<td>PAA</td>
<td>PASSPORT Administrative Agencies</td>
</tr>
<tr>
<td>PASSPORT</td>
<td>Pre-Admission Screening System Providing Options and Resources Today</td>
</tr>
<tr>
<td>PI</td>
<td>Program Income</td>
</tr>
<tr>
<td>PIC</td>
<td>Person in Charge</td>
</tr>
<tr>
<td>ppm</td>
<td>Parts per million</td>
</tr>
<tr>
<td>PSA</td>
<td>Planning and Service Area</td>
</tr>
<tr>
<td>RA</td>
<td>NGA</td>
</tr>
<tr>
<td>RDA</td>
<td>Recommended Dietary Allowance</td>
</tr>
<tr>
<td>RD, LD</td>
<td>Registered and Licensed Dietitian</td>
</tr>
<tr>
<td>RFP</td>
<td>Request for Payment/Request for Proposals</td>
</tr>
<tr>
<td>RN</td>
<td>Registered Nurse</td>
</tr>
<tr>
<td>S.A.F.E.</td>
<td>Sanitary Assessment of Food Environment</td>
</tr>
<tr>
<td>SCSBG</td>
<td>Senior Community Service Block Grant</td>
</tr>
<tr>
<td>USDA</td>
<td>United States Department of Agriculture</td>
</tr>
</tbody>
</table>
Glossary of Terms

**ADL:** The term “activity of daily living” means a personal care skill performed, with or without the use of assistive devices, on a regular basis that enables the individual to meet basic life needs for food, hygiene and appearance. The term “ADL” may refer to any activity as defined in rule 5101:3-3i06 (B) (1) of the Ohio Administrative Code.

**Area Office On Aging:** Also called “AOoA or AAA” within the rest of this manual. An agency designated by the ODA in a Planning and Service Area to develop and administer the Area Plan for a comprehensive and coordinated system of service for older persons.

**Area Plan:** The document submitted by an area agency to the ODA in order to receive sub-grants or contracts from ODA under the Older Americans’ Act. The area plan contains a detailed statement of the manner in which the area agency is developing a comprehensive and coordinated system throughout the PSA for all its services. It also contains a plan for administering activities funded under the Older Americans Act in accordance with all federal requirements.

**Comprehensive And Coordinated System:** A program of interrelated social and nutritional services designed to meet the needs of older persons in a PSA.

**Coordination/Consolidation/Collaboration:**

**Collaboration:** to act or work jointly with, cooperate with or assist with an agency/organization with which one is not immediately connected for mutual benefit.

**Coordinate:** to bring into a common action, movement or condition so as to act together in a smooth concerted way.

Coordination and collaboration are encouraged when:

a. several services serve the same clients,
b. research/information needs are compatible,
c. sharing information about services or “state of art” techniques is relevant,
d. staff development concerns are compatible,
e. resource development needs are similar,
f. public policy needs are similar, and
g. sharing equipment or technology is economical. A support service delivery cuts across program areas.

**Consolidate:** To join together into a whole: Unite; to make firm or secure; Strengthen and merge.

Consolidation is encouraged when:

a. administrative costs could be reduced,
b. similar services are not being used at capacity,
c. identical programs are administered by multiple agencies,
d. the size or nature of a program does not justify the administrative costs required.

**Exploitation:** The illegal or improper act of a caretaker using the resources of an older individual for monetary or personal benefit, profit or gain [OAA, Section 302 (3)]
Frail: The term "frail" means that an older individual is determined to be functionally impaired because the individual is unable to perform at least two activities of daily living without substantial human assistance, including verbal reminding, physical cueing, or supervision.

Frail And Impaired: Having a physical or mental disability, including Alzheimer’s disease or a related disorder with neurological or organic brain dysfunction, that restricts the ability of an individual to perform normal daily tasks or which threatens the capacity of an individual to live independently. [OAA, Section 342 (2)]

Greatest Economic Need: The term "greatest economic need" means the need resulting from an income level at or below the official federal poverty line.

Greatest Social Need: The term "greatest social need" means the need caused by non-economic factors, which include physical and mental disabilities; language barriers; and cultural, social, or geographical isolation, including isolation caused by racial or ethnic status, that restricts the ability of an individual to perform normal daily tasks or threatens the capacity of the individual to live independently.

Handicapped Client Determination: A person who has at least one of the following disabilities which would restrict participation of a service without special aids or facilities made available by the service provider:

- walker
- crutches/cane
- wheelchair
- legally blind
- alcoholism/drug dependency
- deafness
- any other physical or mental disability that would prevent that participant from fulfilling a major task (i.e. eating, dressing and bathing).

IADL: The term "instrumental activity of daily living" means a community living skill performed, with or without the use of assistive devices, on a regular basis that enables the individual to independently manage the individual's living arrangement. The term "IADL" may refer to any activity defined in rule 5101:3-3-08(B) (4) of the Ohio Administrative Code (see Appendix).

Isolated: Older persons whose ability to effectively communicate or interrelate with other people is inhibited by cultural, social or geographic factors, including foreign language, recent bereavement, rural living or living alone without necessary social support.

Limited English Speaking: Older person whose primary language is not English.

Limited Income (low income): The term "limited income" refers to an older person whose annual income is at or below 100% of the official poverty line as prescribed in the most current version of the Older Americans Act.
Minority Clients: For the purpose of Title III reporting requirements, minority clients are categorized according to four major classifications by ODA:

a. Indian: American Indian and Eskimo.

b. Asian: Oriental and Pacific Islander; having origins in any of the original peoples of the Far East, Southeast, Asia, the Indian Subcontinent, or the Pacific Islands.

c. Hispanic: Mexican-Americans, Puerto Ricans, Cubans, and Hispanic persons of Central and South American origin.


Neglect: The failure to provide for oneself the goods or services which are necessary to avoid physical harm, mental anguish, or mental illness or the failure of the caretaker to provide such goods or services. [OAA, Section 302 (20)]

Non-Profit: As applied to any agency, institution or organization means an agency, institution or organization which is owned and operated by one or more corporations or associations with no part of the net earnings benefiting any private share-hold or individual.

Planning And Service Area (PSA): A geographic area of Ohio that is designated for the purposes of planning, development, delivery and overall administration of services under an area plan administered by an area agency.

Poverty Line: The official poverty line as issued by the Department of Health and Human Services.

Program Income: Program income means income earned by a recipient from activities funded wholly or in part by Title III funds. It covers fees for services, donations, proceeds from sale of tangible personal or real property, interest earned on state pass-through monies, usage or rental fees and patent or copyright royalties.

Quality Assurance: Quality Assurance is defined as compliance to standards. For example, does the service or intervention conform to the design standards or is the provider performing the service following designed tasks and procedures? Quality assurance does not evaluate whether the service works, but whether the service is provided according to program standards.

Rural: A rural area refers to any area which is not part of a Standard Metropolitan Statistical Area (SMSA), and therefore includes rural farm, rural non-farm, and towns and cities up to 50,000 in population.

Service Provider: An entity that is awarded a sub-grant or contract from an area agency to provide services.

Staff: An individual who receives monetary benefits for services rendered. An employee.

State Agency: The single state agency designated to develop and administer the State Plan on Aging and to be the focal point on aging in the state.

Targeting: Targeting in the context of the Older Americans Act (OAA) means directing the kinds of services, the concentration of programs, and the distribution of funds
provided under the OAA to assisting those older individuals who are in greatest economic and/or social need with particular attention to low-income minority individuals.

**Volunteer:** An individual who provides services of his/her own free will and is not paid for services rendered.
<table>
<thead>
<tr>
<th>Organization</th>
<th>Web Address</th>
<th>Resource for:</th>
</tr>
</thead>
<tbody>
<tr>
<td>AOA-Administration on Aging</td>
<td><a href="http://www.aoa.gov">www.aoa.gov</a></td>
<td>Federal Funding, Strategic Plan, Older Americans Act, Nutrition and Services</td>
</tr>
<tr>
<td></td>
<td></td>
<td>for Seniors</td>
</tr>
<tr>
<td>ODA-Ohio Department of Aging</td>
<td><a href="http://www.state.oh.us/age/">www.state.oh.us/age/</a></td>
<td>State Services for Seniors</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Addresses for all PSAs in Ohio</td>
</tr>
<tr>
<td>USDA-United States Department of</td>
<td><a href="http://www.usda.gov">www.usda.gov</a></td>
<td>Nutrition Services in Ohio</td>
</tr>
<tr>
<td>Agriculture</td>
<td></td>
<td>Food Safety, Food Stamp Program, Food, Nutrition &amp; Consumer Services</td>
</tr>
<tr>
<td></td>
<td></td>
<td>WIC &amp; SFMNP</td>
</tr>
<tr>
<td>SFMNP-Senior Farmer’s Market</td>
<td><a href="http://www.fns.usda.gov/wic/">www.fns.usda.gov/wic/</a></td>
<td>State Grant Awards</td>
</tr>
<tr>
<td>Nutrition Program through USDA</td>
<td>SeniorFMNP/SFMNmenu.htm</td>
<td></td>
</tr>
<tr>
<td>AOA-Area Office on Aging PSA 4</td>
<td><a href="http://www.areaofficeonaging.com">www.areaofficeonaging.com</a></td>
<td></td>
</tr>
<tr>
<td>National Policy &amp; Resource</td>
<td><a href="http://www.fiu.edu/nutreldr/">www.fiu.edu/nutreldr/</a></td>
<td>Senior Services for NW Ohio</td>
</tr>
<tr>
<td>Center on Nutrition &amp; Aging</td>
<td></td>
<td>Nutrition Services in NW Ohio</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ohio Uniform Food Safety Code</td>
<td><a href="http://www.odh.state.oh.us/">www.odh.state.oh.us/</a></td>
<td>To view the entire code go to the website under</td>
</tr>
<tr>
<td>3717-1 of the Administrative Code</td>
<td></td>
<td>“Rules &amp; Regulations”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Under “Final Rules” and 3717-1</td>
</tr>
<tr>
<td>NANASP-National Association of</td>
<td><a href="http://www.nanasp.org/">www.nanasp.org/</a></td>
<td>Advocacy for Nutrition Programs, Legislative Updates, Nutrition Forums</td>
</tr>
<tr>
<td>Nutrition &amp; Aging Services Programs</td>
<td></td>
<td>Advocacy for HDM programs</td>
</tr>
<tr>
<td>MOWAA-Meals on Wheels</td>
<td><a href="http://www.mowaa.org/">www.mowaa.org/</a></td>
<td>To obtain a copy of the MNA go to the website under “Business Solution” and</td>
</tr>
<tr>
<td>Association of America</td>
<td></td>
<td>downloadable PDF Assessment Form</td>
</tr>
<tr>
<td>MNA-Mini Nutrition Assessment</td>
<td><a href="http://www.nestleclinicalnutrition.com">www.nestleclinicalnutrition.com</a></td>
<td></td>
</tr>
<tr>
<td>National Cancer Institute’s</td>
<td><a href="http://www.5aday.gov">www.5aday.gov</a></td>
<td>About the program</td>
</tr>
<tr>
<td>5 A Day</td>
<td></td>
<td>Easy tips and recipes</td>
</tr>
<tr>
<td>USDA Nutrient Data</td>
<td><a href="http://www.nal.usda.gov/fnic/">www.nal.usda.gov/fnic/</a></td>
<td>Information and Resources</td>
</tr>
<tr>
<td>Laboratory</td>
<td>foodcomp/index.html</td>
<td>Nutrient Database and Analysis</td>
</tr>
<tr>
<td>US Government</td>
<td><a href="http://www.nutrition.gov">www.nutrition.gov</a></td>
<td>Links to all nutrition-related government websites. Information, resources</td>
</tr>
<tr>
<td></td>
<td></td>
<td>and recipes</td>
</tr>
<tr>
<td>Dietary Guidelines for Americans</td>
<td><a href="http://www.healthierus.gov/dietary">www.healthierus.gov/dietary</a></td>
<td>Dietary Guidelines</td>
</tr>
<tr>
<td>2005</td>
<td>guidelines</td>
<td></td>
</tr>
</tbody>
</table>
Approved List of Computer Software Programs for Title III-C Menus

<table>
<thead>
<tr>
<th>Name of Software</th>
<th>Email Address</th>
<th>Company and Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food Processor VII v.7</td>
<td><a href="http://www.eshacom">www.eshacom</a></td>
<td>Esha Research 1-800-659-3742</td>
</tr>
<tr>
<td>Food Works</td>
<td><a href="http://www.nutritionco.com">www.nutritionco.com</a></td>
<td>The Nutrition Company 1-888-659-6757</td>
</tr>
<tr>
<td>Nutritionist Pro</td>
<td><a href="http://www.firstdatabank.com">www.firstdatabank.com</a></td>
<td>First Databank 1-800-633-3453</td>
</tr>
<tr>
<td>Nutribase 2001 Clinical v. 3.05</td>
<td><a href="http://www.nutribase.com">www.nutribase.com</a></td>
<td>CyberSoft, Inc. 1-800-959-4849</td>
</tr>
<tr>
<td>CALCMENU</td>
<td><a href="http://www.calcmenu.com">www.calcmenu.com</a></td>
<td></td>
</tr>
<tr>
<td>Computirition</td>
<td><a href="http://www.computrition.com">www.computrition.com</a></td>
<td></td>
</tr>
<tr>
<td>Diet Aid</td>
<td><a href="http://www.shannonsoft.com/shannon.htm">www.shannonsoft.com/shannon.htm</a></td>
<td></td>
</tr>
<tr>
<td>DietMaster</td>
<td><a href="http://www.lifestyletech.com">www.lifestyletech.com</a></td>
<td></td>
</tr>
<tr>
<td>Mealformation Software</td>
<td><a href="http://www.mealformation.com">www.mealformation.com</a></td>
<td></td>
</tr>
<tr>
<td>SureQuest Software</td>
<td><a href="http://www.surequest.com/products.htm">www.surequest.com/products.htm</a></td>
<td></td>
</tr>
</tbody>
</table>

Nutrition Contractors can use either the required meal pattern or a computer-assisted menu analysis as the basis for meal planning.

The software program utilized for menu analysis shall be approved by the AOoA, if it does not appear on the above approved list.

(The Food Processor and Nutritionist software are the most frequently used packages.)
VEHICLE ID:__________________  ODOMETER:__________  DATE:

<table>
<thead>
<tr>
<th>INTERIOR: DAILY</th>
<th>FLUIDS: MONTHLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>❑ CLEAN APPEARANCE</td>
<td>❑ ENGINE OIL</td>
</tr>
<tr>
<td>❑ SEATS (tears, loose, armrest, etc.)</td>
<td>❑ BRAKE FLUID</td>
</tr>
<tr>
<td>❑ SEAT BELTS</td>
<td>❑ ENGINE COOLANT</td>
</tr>
<tr>
<td>❑ WHEELCHAIR RESTRAINT</td>
<td>❑ POWER STEERING*</td>
</tr>
<tr>
<td>❑ WHEELCHAIR LIFT RAMP (good operating condition and secure)</td>
<td>❑ AUTOMATIC TRANSMISSION*</td>
</tr>
<tr>
<td>❑ CARGO BARRIERS (secure and in place)</td>
<td>❑ FUEL</td>
</tr>
<tr>
<td>❑ FLOOR COVERINGS</td>
<td>❑ WINDSHIELD WASHER</td>
</tr>
<tr>
<td>❑ BATTERY</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LIGHTS: WEEKLY</th>
<th>BELTS &amp; HOSES: MONTHLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>❑ HEADLIGHTS: HIGH, LOW BEAMS</td>
<td>❑ FAN</td>
</tr>
<tr>
<td>❑ TAIL LIGHTS, MARKER LIGHTS</td>
<td>❑ ALTERNATOR</td>
</tr>
<tr>
<td>❑ BRAKE LIGHTS</td>
<td>❑ HEATER HOSE</td>
</tr>
<tr>
<td>❑ TURN SIGNALS (front &amp; rear)</td>
<td>❑ RADIATOR</td>
</tr>
<tr>
<td>❑ BACKUP LIGHTS</td>
<td>❑ NO LEAKS UNDER VEHICLE</td>
</tr>
<tr>
<td>❑ 4-WAY HAZARD (front &amp; back)</td>
<td></td>
</tr>
<tr>
<td>❑ LICENSE PLATE LIGHTS</td>
<td></td>
</tr>
<tr>
<td>❑ INTERIOR LIGHTS</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EXTERIOR: WEEKLY</th>
<th>TIRES: MONTHLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>❑ NO BODY DAMAGES</td>
<td>❑ INFLATION</td>
</tr>
<tr>
<td>❑ CLEAN APPEARANCE</td>
<td>❑ WEAR</td>
</tr>
<tr>
<td>❑ MIRRORS (adjusted &amp; clean)</td>
<td>❑ SIDEWALL or TREAD DAMAGE</td>
</tr>
<tr>
<td>❑ WINDOWS (clean)</td>
<td>❑ SPARE</td>
</tr>
<tr>
<td>❑ DOORS (operated in/outside)</td>
<td></td>
</tr>
<tr>
<td>❑ DOOR LOCKS</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ELECTRICAL/MECHANICAL: WEEKLY</th>
<th>EMERGENCY EQUIPMENT: MONTHLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>❑ HORN</td>
<td>❑ FIRE EXTINGUISHER</td>
</tr>
<tr>
<td>❑ WINDSHIELD WIPERS WASHER</td>
<td>❑ FIRST AID KIT</td>
</tr>
<tr>
<td>❑ HEATER</td>
<td>❑ THREE FLARES, FUSES, or REFLECTORIZED TRIANGLES</td>
</tr>
<tr>
<td>❑ DEFROSTER</td>
<td>❑ ODA TRANSafety MANUAL</td>
</tr>
<tr>
<td>❑ AIR CONDITIONING</td>
<td>❑ EMERGENCY JACK TIRE TOOLS</td>
</tr>
<tr>
<td>❑ GAuges (oil, fuel, temperature, brake, etc.)</td>
<td></td>
</tr>
<tr>
<td>❑ EMERGENCY BRAKE</td>
<td></td>
</tr>
<tr>
<td>❑ FOOT BRAKE</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OPTIONAL (WINTER): MONTHLY</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>❑ SMALL SHOVEL and/or NON-CORROSIVE TRACTION MATERIAL</td>
<td></td>
</tr>
<tr>
<td>(SAND/KITTY LITTER)</td>
<td></td>
</tr>
</tbody>
</table>

* Must be checked at operating temperature

INDICATE INSPECTION by PLACING CHECKMARKS ( √ ) in BOXES.
HDM Temperature Check and Route Monitoring

SERVICE PROVIDER: ____________________________ Kitchen ______________ Satellite ______________ Date: __________

TEMPERATURE CHECK

DEPARTURE TEMPERATURES

ENTRÉE ____________________________________________    ENTRÉE ___________________________
VEGETABLE #1 _____________________________________    VEGETABLE #1 _____________________
VEGETABLE #2 _____________________________________    VEGETABLE #2 _____________________
SALAD _____________________________________________                                               SALAD ____________________________
DESSERT ___________________________________________    DESSERT __________________________
MILK _______________________________________________    MILK ______________________________

TIME SAMPLE MEAL PACKED AND TEMPERATURE TAKEN:    TIME LAST MEAL DELIVERED AND TEMP TAKEN OF SAMPLE MEAL:

_______________________________________________________                    ___________________________________
Person Testing: __________________________________________    Person Testing: _______________________
Tester’s Position: ________________________________________    Tester’s Position: _____________________
Number of Meals on this route: _____________________________
Miles Traveled on this route: _______________________________
Route # ________________________________________________

ROUTE MONITORING                                YES       NO

1. Did the driver deliver the complete meal?
2. Did the driver close the carriers after removing meal?
3. Did the driver close the cooler after removing food items?
4. Did the driver have contribution envelopes available?
5. Did the driver deliver route in proper sequence?
6. Did the driver record vehicle mileage correctly?
7. Was the donation given to the driver?
8. Was any food left outside?
9. Was the nutrition sign visible in the car?
10. Was the driver courteous to client?
11. Was the driver's appearance acceptable?
12. Was the client given adequate time to answer the door?

COMMENTS:

________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________

Tester/Monitor’s Signature: _________________________________________________________________________________________________________
## NUTRITION SERVICES QUARTERLY REPORT
### HOME DELIVERED MEALS
#### C-2
##### UNITS AND CLIENTS

1. **Service Provider:**
2. **Contractor ID Code:**
3. **PSA:** 4
4. **Program Quarter:**
5. **Program Year:**

<table>
<thead>
<tr>
<th>Service Category</th>
<th>Units of Service</th>
<th>Total Unduplicated Clients</th>
<th>Total New Clients</th>
<th>Indian</th>
<th>Asian</th>
<th>Hispanic</th>
<th>Black</th>
<th>Low Income Minority</th>
<th>Low Income</th>
<th>Age 75+</th>
<th>Handicapped</th>
<th>Rural</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eligible Meals</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ineligible Meals</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Client Find</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mass Outreach</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nutrition Ed</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Client Characteristics for the Program Quarter Only (UNDUP)**

**New Clients Served**

---

**Authorized Signature:** ________________________________  **Date:** _____________________

_________________________
NUTRITION SERVICES QUARTERLY REPORT
CONGREGATE SERVICES
C-2
UNITS AND CLIENTS

1. Service Provider:        3. PSA: 4
2. Contractor ID Code:        4. Program Quarter:
5. Program Year:

<table>
<thead>
<tr>
<th>Service Category</th>
<th>Units of Service</th>
<th>Total Unduplicated Clients</th>
<th>Total New Clients</th>
<th>Indian</th>
<th>Asian</th>
<th>Hispanic</th>
<th>Black</th>
<th>Low Income Minority</th>
<th>Low Income</th>
<th>Age 75+</th>
<th>Handicapped</th>
<th>Rural</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eligible Meals</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ineligible Meals</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Client Find</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mass Outreach</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nutrition Ed</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Client Characteristics for the Program Quarter Only (UNDUP)

Authorized Signature: ________________________________  Date: ________________________________
Title III-C NUTRITION SERVICES QUARTERLY SUMMARY REPORT

1. Service Provider:        3. PSA: 4
2. Contractor ID Code:        4. Program Quarter:
3. Congregate Meals ________ Home Delivered Meals ________ 5. Program Year:

<table>
<thead>
<tr>
<th>Refrigerator Order</th>
<th>Units of Service</th>
<th>Unduplicated New Clients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Site #</td>
<td>Site Name</td>
<td>Units of Service</td>
</tr>
<tr>
<td>-------</td>
<td>-----------</td>
<td>------------------</td>
</tr>
</tbody>
</table>

Authorized Signature: ________________________________ Date: __________________

__________
<table>
<thead>
<tr>
<th>Persons conducting the Activities</th>
<th>Groups/Patients Reached</th>
<th>Date Activities Took Place</th>
<th>Place Where Activities Occurred</th>
<th>Describe Activities</th>
</tr>
</thead>
</table>

**QUARTERLY INSERVICE TRAINING REPORT**

**PROVIDER:** ____________________________________________________ **QUARTER:** __________________

**SIGNATURE:** ___________________________________________________ **DATE:** _______________________

**SIGNATURE:** ___________________________________________________ **DATE:** _______________________

**SIGNATURE:** ___________________________________________________ **DATE:** _______________________

**SIGNATURE:** ___________________________________________________ **DATE:** _______________________

**SIGNATURE:** ___________________________________________________ **DATE:** _______________________
### QUARTERLY NUTRITION OUTREACH REPORT

<table>
<thead>
<tr>
<th># of Units</th>
<th>Persons conducting the Activities</th>
<th>Groups/Ps Persons Reached</th>
<th>Date Activities Took Place</th>
<th>Place Where Activities Occurred</th>
<th>Describe Activities</th>
</tr>
</thead>
</table>

**CLIENT FINDING**

**MASS OUTREACH**

**NUTRITION EDUCATION**

**SIGNATURE:** ________________________________  **DATE:** ____________________
VITAMIN A RICH FOODS

Vitamin A is found in many foods, as a natural component and as a fortifying agent, e.g., fluid and dry milk. As a fat soluble vitamin, Vitamin A is stored in the body and therefore should be eaten frequently but not necessarily daily. Researchers have linked diets rich in Vitamin A, particularly the beta carotene form found in plant foods, to reduced risks of some forms of cancers.

The 1989 RDA uses retinol equivalents (RE) as the measure for Vitamin A. The foods listed below are good to excellent sources of this nutrient.

Nutrition Contractor should consider the Vitamin A content of recipes and products they use when planning menus.

RDA for Vitamin A is:

- Men: 900 µg per day
- Women: 700 µg per day

The table below lists foods that are sources of vitamin A. This table is based on the USDA National Nutrient Database for Standard Reference, Release 17, which may be accessed at [http://www.nal.usda.gov/fnic/foodcomp/search/index.html](http://www.nal.usda.gov/fnic/foodcomp/search/index.html). Please note: the vitamin A content may vary. Please check food labels for vitamin A content.

Foods Containing **100 µg or more** of Vitamin A per 1/2 Cup Serving

<table>
<thead>
<tr>
<th>Vitamin A (µg)</th>
<th>Food Sources</th>
</tr>
</thead>
<tbody>
<tr>
<td>More than 900</td>
<td>Beef liver, Carrot Juice, Chicken Giblets, Chicken Liver, Pumpkin (canned), Sweet Potato</td>
</tr>
<tr>
<td>500 - 900</td>
<td>Carrots (cooked), Pumpkin Pie, Spinach (frozen or canned)</td>
</tr>
<tr>
<td>100 - 200</td>
<td>Apricots (canned), Cantaloupe, Chinese Cabbage, Green Leaf or Romaine Lettuce (1 c.), Mustard Greens, Sweet Red Pepper, Spinach (1 c. raw), Vegetable Juice Cocktail, Mixed Vegetables (frozen)</td>
</tr>
</tbody>
</table>
VITAMIN C RICH FOODS

Vitamin C is a water soluble vitamin, which must be consumed daily. The meal plan requires at least 20 mg each meal which is 1/3 of the RDA. Vitamin C enhances the absorption of non-heme iron found in plant foods consumed at the same meal. Vitamin C is an important anti-oxidant, helps protect against cancers, heart disease, stress and from making the collagen protein involved in the building and health of cartilage, joints, skin and blood vessels. Vitamin C helps in maintaining a healthy immune system, helps reduce bruising and helps in wound healing.

Vitamin C content of food can be destroyed easily by overcooking which includes extended holding before serving. Nutrition contractors should consider:

1) using more fresh and uncooked high Vitamin C foods, and
2) the Vitamin C content of the recipes and products used when planning menus.

The DRI for Vitamin C is:

Men: 90 mg per day  Women: 75 mg per day

The meal plan requires at least 30 mg each meal, which is 1/3 RDA.

The tables below list foods that are sources of vitamin C. These tables are based on the USDA National Nutrient Database for Standard Reference, Release 17, which may be accessed at http://www.nal.usda.gov/fnic/foodcomp/search/index.html. Please note: the vitamin C content may vary, especially since ascorbic acid (Vitamin C) as used as a preservative. Please check food labels for vitamin C content.

<table>
<thead>
<tr>
<th>Foods containing 30 mg or more vitamin C per ½ c. serving</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRUITS</td>
</tr>
<tr>
<td>VEGETABLES</td>
</tr>
<tr>
<td>GRAINS</td>
</tr>
</tbody>
</table>
Foods containing **21 mg - 29 mg** more vitamin C per 2 cup serving

<table>
<thead>
<tr>
<th>Fruits</th>
<th>Grapefruit, Mangos, Pineapple (fresh), Raspberries (frozen), Mandarin Oranges, Tangerines, Tropical Fruit Salad or Watermelon (1/16 of melon)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vegetables</td>
<td>Asparagus (frozen), Chinese Cabbage, Red Cabbage (raw), Cauliflower, Collards (frozen), Kale (fresh), Peppers (Green, Red or Chili), Potatoes (1 medium red or russet baked with skin), Sweet Potato (baked or boiled) or Tomato Juice</td>
</tr>
<tr>
<td>Grains</td>
<td>TOTAL Corn Flakes</td>
</tr>
</tbody>
</table>

Foods containing **10 mg - 20 mg** or more vitamin C per 2 cup serving

<table>
<thead>
<tr>
<th>Fruits</th>
<th>Blackberries, Blueberries (2/3 c. raw), Grapes (2/3 c.) Starfruit, Honeydew Melon, Pineapple (canned), Plantains or raspberries (fresh)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vegetables</td>
<td>Beet Greens, Cabbage, Carrot Juice, Coleslaw, Collards (fresh), Kale (frozen), Romaine Lettuce (1 c.), Green Leaf Lettuce (1 c.), Lima Beans (frozen, immature seeds, fordhook), Mustard Greens, Okra, Parsnips, Peas (frozen or canned), Pimento (1 tbsp), Potatoes (boiled with skin), Rutabaga, Sauerkraut (canned), Scallions, Soybeans (Green), Spinach (canned, cooked from fresh, or 1 c. fresh), Squash (Winter), Sweet Potato (canned), Tomatoes (fresh, sun-dried, canned or stewed), Tomato Sauce or Turnip Greens</td>
</tr>
<tr>
<td>Grains</td>
<td>Kellogg’s Special K</td>
</tr>
<tr>
<td>Nuts</td>
<td>Chestnuts (roasted)</td>
</tr>
</tbody>
</table>
Nutrient-Rich Fruits and Vegetables

Eating a wide variety of foods every day ensures that the body gets the nutrients it needs for optimum health. Fruits and vegetables are significant sources of fiber, vitamin A (beta carotene), vitamin C, phytochemicals, and antioxidants. It is important to plan menus with a variety of colorful fruits and vegetables because different colors of fruits and vegetables contain different types of nutrients which:

- Help to reduce the risk of heart disease, high blood pressure, diabetes, prostate problems, osteoporosis, macular degeneration, and various types of cancer

- Help to boost the immune system, which is important in combating infections and the common cold

- Help the body defend against the effects of aging and maintain memory function, and

- Provide increased fiber to promote healthy bowels, regulate blood glucose levels, lower blood cholesterol levels, maintain weight and reduce the risk of intestinal conditions, such as diverticulosis, colon polyps and colon cancer.
<table>
<thead>
<tr>
<th>Color</th>
<th>Source</th>
<th>Phytochemicals</th>
<th>Potential Health Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blue/Purple</td>
<td>Blackberries, Blueberries, Plums, Purple Grapes, Raisins, Eggplant and Purple Cabbage.</td>
<td>Anthocyanins, Polyphenols, Flavonoids</td>
<td>Lower the risk of some cancers, promote urinary tract health and help maintain memory function.</td>
</tr>
<tr>
<td>Red</td>
<td>Cherries, Watermelon, Beets, Cranberries, Pink Grapefruit, Strawberries, Red Peppers and Tomatoes.</td>
<td>Lycopenes, Anthocyanins</td>
<td>Promote heart health, improved circulation, collagen formation, increased memory function, and urinary tract health, as well as lower the risk of some cancers. Lycopenes lower the risk of prostate cancer.</td>
</tr>
<tr>
<td>Orange/Deep Yellow</td>
<td>Apricots, Peaches, Cantaloupe, Mangos, Oranges, Bananas, Carrots, Squash, Sweet Potatoes, Pumpkin and Yellow Corn.</td>
<td>Beta Carotene, Carotenoids, Bioflavonoids, Monoterpenes</td>
<td>Protect tissue from cell damage, help promote healthy skin, maintain eye health, boost immune system and reduce risk of various cancers and heart disease.</td>
</tr>
<tr>
<td>Dark Green</td>
<td>Dark Green, Leafy Vegetables, such as Spinach, Kale, Greens and Romaine Lettuce. Green Peas, Avocados, Green Grapes, Kiwi, Broccoli, Brussels Sprouts and Cabbage.</td>
<td>Lutein, Zeaxanthin, Organosulfur Indoles</td>
<td>Protect against eye disease and various forms of cancer. Dark green, leafy vegetables are high in calcium, iron and folate, as well. Calcium is important for bone health. Folate may reduce the risk for heart disease.</td>
</tr>
<tr>
<td>White, Tan or Brown</td>
<td>Leeks, Onions, Garlic, Cauliflower, Mushrooms, Potatoes, Parsnips, Turnips, Dates/Figs, White Corn, and Soy.</td>
<td>Allicin, Quercetin, Glutathione, Indole, Phytoestrogen</td>
<td>Help reduce cholesterol levels, promote heart health and lower the risk of various cancers.</td>
</tr>
</tbody>
</table>
High Fiber Foods

Dietary fiber helps maintain bowel function, provides bulk and may be beneficial in treating diabetes, obesity and cardiovascular disease. Fiber is found in fruits, vegetables, legumes, seeds, nuts and whole grains. In general, the less refined a food product is, the more fiber it contains. For example, brown rice is less refined than white rice and contains more fiber. **The recommended amount of fiber in the daily diet is between 25 to 30 grams.**

<table>
<thead>
<tr>
<th>Fiber Content per ½ c. Serving</th>
<th>Less than 1 gram</th>
<th>1-2.9 grams</th>
<th>3 or more grams</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Fruits</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All fruit juices, Apples (without skin), Cantaloupe, Grapes, Honeydew Melon or Watermelon</td>
<td>Apples (with skin), Apricots (raw or canned), Banana, Blueberries, Cherries, Figs (raw), Mangos, Oranges, Peaches, Pears, Pineapple, Plantains, Rhubarb or Strawberries</td>
<td>Apricots (dried), Blackberries, Brussels Sprouts, Dates, Figs (dried), Prunes or Raspberries</td>
<td></td>
</tr>
</tbody>
</table>

| **Vegetables**                |                 |             |                 |
| Celery, Cucumbers (without skin), Mushrooms (raw), Leeks, Lettuce (1 c. Green Leaf or Iceberg), Summer Squash or Tomato Juice | Asparagus, Beets, Cabbage, Carrots, Cauliflower, Collards, Kale, Lettuce (Romaine), Mushrooms (canned or cooked), Okra, Onions, Parsnips, Peppers (green and red), Potatoes, Sauerkraut, Sweet Corn, Sweet Potato, Tomatoes (fresh or soup) or Winter Squash | Lima Beans, Spinach or Peas |

| **Grains**                    |                 |             |                 |
| Biscuit (2 ½ in.), Egg Noodles, Hamburger Bun, Hot Dog Bun, Italian Bread (1 slice), Macaroni, White Bread (1 slice), White Pita Bread (1/2-6 ½ in.) or White Rice | Brown Rice, Couscous, Cracked Wheat Bread (1 slice) Oat Bran, Oatmeal Bread (1 slice), Pumpernickel Bread (1 slice), Rye Bread (1 slice), Spaghetti, Wild Rice, Whole Wheat Bread (1 slice) or Whole Wheat Pita (1/2-6 ½ in.) | Barley, Bulgur or Whole Wheat Spaghetti |

| **Nuts and Legumes**          |                 |             |                 |
| Cashews (1 oz.)               | Mixed Nuts (1 oz.), Peanuts (1 oz.), Sunflower Seeds (1 oz.), Walnuts (1 oz.) or Peanut Butter (1 TBSP) | Almonds, Baked Beans, Black-eyed Peas, Chestnuts, Navy Beans, Kidney Beans, Lentils, Pinto Beans or Split Peas |
Whole Grains

Grains consist of an outer layer called the bran. This is where most of the fiber is located. The largest part of the grain is the endosperm, which contains protein and carbohydrates. The germ is the smallest portion of the grain. The germ provides nourishment for the grain and it contains antioxidants and vitamins. Whole grains contain all three components. Through the milling process the bran and the endosperm are removed, along with most of the fiber and vitamins. Therefore, consuming whole grains is more beneficial than consuming refined grains. Examples of whole grains include:

- Barley
- Brown Rice
- Buckwheat
- Bulgur
- Millet
- Oatmeal
- Popcorn
- Quinoa
- Sorghum
- Tricticale
- Whole-grain Corn
- Whole Rye
- Whole Wheat
- Wild Rice

Note: Look at the ingredients list of grain containing products to ensure whole grains and not enriched grains are listed. For example, 100% whole wheat bread should contain whole wheat flour, rather than enriched wheat flour. Wheat Bread contains enriched wheat flour, which is not a whole grain.
High Fat Foods

Fat can be part of raw food, especially those of animal origin, or fat can be added to food. High fat diets have been linked to certain chronic diseases including obesity and cardiovascular disease. Individuals are encouraged to reduce total fat intake to 30% or their total daily calories. Also, individuals should eat more polyunsaturated and monounsaturated fats than saturated fats. High-fat meats contain high amounts of saturated fat, cholesterol and calories. Lean and medium-fat meats, poultry and fish contain lower amounts of saturated fat, cholesterol and calories than high-fat meats.

Nutrition contractors should consider the type of fat and the fat content of recipes and products when planning menus. Canola and olive oil are recommended for cooking and baking. Applesauce may be substituted 1:1 ratio for oil in baked products. Applesauce contains no cholesterol or fat. Use low-fat dairy products to reduce the amount of fat and calories.

Below is a list of high fat foods, which should be used less frequently when planning menus.

**Meat/alternatives containing 15 or more grams of fat per three oz. serving or equivalent:**

- Beef ribs or Corned Beef
- Spareribs, Ground Pork, Pork Sausage Patties or Links
- Any Fried Fish Product
- All Regular Natural and Processed Cheeses, Except Mozzarella
- Hot Dogs, Frankfurters, Knockwurst, Bratwurst, Polish or Italian Sausage
- Bologna, Salami or Pimento Loaf
- Peanut Butter
- Liver

**Foods containing 10 or more grams of fat per serving:**

- Pies
- Danish Pastry, Raised Donuts, Turnovers or Fruit Dumplings
- Cheesecake
- Ice Cream
- Potato or Pasta Salad
- Meat Salad
- Cream Cheese
- Many commercially prepared products (check food labels)
Sodium Rich Foods

Many raw foods contain small amounts of sodium; however, processed foods are the major source of sodium in the diet. Processed foods include cured meats, commercially prepared, canned, boxed and frozen foods.

Nutrition contractors will need to consider the sodium content of recipes and products, which are utilized.

Below is a list of high sodium foods.

**Food containing 800 mg or more of sodium per two oz. serving:**

- Processed Cheese
- Ham
- Sausage
- Hot Dogs
- Luncheon Meats
- Commercially prepared entrees per standard portion; i.e. stuffed peppers
- Sauerkraut, ½ c.
- Tomato sauce or canned spaghetti sauce, ½ c.
- Soy sauce, 1 TBSP.

**Foods containing 200 mg sodium or more per serving:**

<table>
<thead>
<tr>
<th>Food Item</th>
<th>Amount of Sodium</th>
</tr>
</thead>
<tbody>
<tr>
<td>Canned Vegetables, ½ c.</td>
<td>160-200 mg</td>
</tr>
<tr>
<td>Biscuit or Muffin, 1 each</td>
<td>200 mg</td>
</tr>
<tr>
<td>Pie or Cake, 1 slice</td>
<td>200 mg</td>
</tr>
<tr>
<td>Potato/Corn Chips or Pretzels, 1 oz.</td>
<td>200-450 mg</td>
</tr>
<tr>
<td>Salad Dressings, 1 TBSP</td>
<td>200 mg</td>
</tr>
<tr>
<td>Dill Pickle, 1 spear</td>
<td>350 mg</td>
</tr>
<tr>
<td>Vegetable or Tomato Juice, ½ c.</td>
<td>440 mg</td>
</tr>
<tr>
<td>Cottage Cheese, 4 % fat, ½ c.</td>
<td>450 mg</td>
</tr>
<tr>
<td>Cheese, 2 oz.</td>
<td>300-600 mg</td>
</tr>
<tr>
<td>Canned Soups, ½ c.</td>
<td>500+ mg</td>
</tr>
<tr>
<td>Potato, rice, pasta and stuffing mixes, ½ c.</td>
<td>500 mg</td>
</tr>
</tbody>
</table>
### Table 1: Dietary Reference Intakes for Older Adults

#### Vitamins and Elements

<table>
<thead>
<tr>
<th>Vitamin</th>
<th>RDA or Al $^1$</th>
<th>Tolerable Upper Intake Level $^a$</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Age 51-70 Male</td>
<td>Age 51-70 Female</td>
</tr>
<tr>
<td></td>
<td>Age 70+ Male</td>
<td>Age 70+ Female</td>
</tr>
<tr>
<td>Vitamin A (ug)$^{b,c}$</td>
<td>900</td>
<td>700</td>
</tr>
<tr>
<td>Vitamin C (mg)</td>
<td>90</td>
<td>75</td>
</tr>
<tr>
<td>Vitamin D (ug)$^{d,e}$</td>
<td>10*</td>
<td>10*</td>
</tr>
<tr>
<td>Vitamin E (mg)$^{f,g,h}$</td>
<td>15</td>
<td>15</td>
</tr>
<tr>
<td>Vitamin K (ug)</td>
<td>120*</td>
<td>90*</td>
</tr>
<tr>
<td>Thiamin (mg)</td>
<td>1.2</td>
<td>1.1</td>
</tr>
<tr>
<td>Riboflavin (mg)</td>
<td>1.3</td>
<td>1.1</td>
</tr>
<tr>
<td>Niacin (mg)</td>
<td>16</td>
<td>14</td>
</tr>
<tr>
<td>Vitamin B6 (mg)</td>
<td>1.7</td>
<td>1.5</td>
</tr>
<tr>
<td>Folate (ug)$^{i,j}$</td>
<td>400</td>
<td>400</td>
</tr>
<tr>
<td>Vitamin B12 (ug)$^k$</td>
<td>2.4</td>
<td>2.4</td>
</tr>
<tr>
<td>Pantothenic Acid (mg)</td>
<td>5*</td>
<td>5*</td>
</tr>
<tr>
<td>Biotin (ug)$^l$</td>
<td>30*</td>
<td>30*</td>
</tr>
<tr>
<td>Choline (mg)$^m$</td>
<td>550*</td>
<td>425*</td>
</tr>
<tr>
<td>Boron (mg)</td>
<td>ND</td>
<td>ND</td>
</tr>
<tr>
<td>Calcium (mg)</td>
<td>1200*</td>
<td>1200*</td>
</tr>
<tr>
<td>Chromium (mg)</td>
<td>30*</td>
<td>20*</td>
</tr>
<tr>
<td>Copper (ug)</td>
<td>900</td>
<td>900</td>
</tr>
<tr>
<td>Fluoride (mg)</td>
<td>4*</td>
<td>3*</td>
</tr>
<tr>
<td>Iodine (ug)</td>
<td>150</td>
<td>150</td>
</tr>
</tbody>
</table>

$^1$ Recommended Dietary Allowances (RDAs) are in **bold type** and Adequate Intakes (AIs) are in ordinary type followed by an asterisk (*). ND - Indicates values not determined.

The values for this table were excerpted from the Institute of Medicine, *Dietary Reference Intakes: Applications in Dietary Assessment*, 2000 and *Dietary Reference Intakes for Energy, Carbohydrates, Fiber, Fat, Protein and Amino Acids (Macronutrients)* 2002.
### Table 1: Dietary Reference Intakes for Older Adults

<table>
<thead>
<tr>
<th></th>
<th>Iron (mg)</th>
<th>Magnesium (mg)</th>
<th>Manganese (mg)</th>
<th>Molybdenum (mg)</th>
<th>Nickel (mg)</th>
<th>Phosphorus (mg)</th>
<th>Selenium (ug)</th>
<th>Vanadium (mg)</th>
<th>Zinc (mg)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age 51-70 Male</strong></td>
<td>8</td>
<td>420</td>
<td>2.3*</td>
<td>45</td>
<td>ND</td>
<td>ND</td>
<td>ND</td>
<td>ND</td>
<td>11</td>
</tr>
<tr>
<td>Female</td>
<td>8</td>
<td>320</td>
<td>1.8*</td>
<td>45</td>
<td>ND</td>
<td>700</td>
<td>55</td>
<td>ND</td>
<td>8</td>
</tr>
<tr>
<td><strong>Age 70+ Male</strong></td>
<td>8</td>
<td>420</td>
<td>2.3*</td>
<td>45</td>
<td>ND</td>
<td>ND</td>
<td>ND</td>
<td>ND</td>
<td>11</td>
</tr>
<tr>
<td>Female</td>
<td>8</td>
<td>320</td>
<td>1.8*</td>
<td>45</td>
<td>ND</td>
<td>700</td>
<td>55</td>
<td>ND</td>
<td>8</td>
</tr>
</tbody>
</table>

|                     | Age 51-70 Male | 8         | 350            | 11              | 2000        | 1              | 4000           | 400          | 1.8       | 40        |
| Female              | 8         | 350            | 11              | 2000            | 1           | 4000           | 400           | 1.8          | 40        |
| **Age 70+ Male**    | 45        | 350            | 11              | 2000            | 1           | 3000           | 400           | 1.8          | 40        |
| Female              | 45        | 350            | 11              | 2000            | 1           | 3000           | 400           | 1.8          | 40        |

### Elements and Macronutrients

<table>
<thead>
<tr>
<th>RDA or AI 1</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Age 51-70 Male</td>
<td>2204</td>
<td>56</td>
<td>130</td>
<td>14*</td>
<td>1.6*</td>
<td>30*</td>
<td>3.7*</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>1978</td>
<td>46</td>
<td>130</td>
<td>11*</td>
<td>1.1*</td>
<td>21*</td>
<td>2.7*</td>
<td></td>
</tr>
<tr>
<td><strong>Age 70+ Male</strong></td>
<td>2054</td>
<td>56</td>
<td>130</td>
<td>14*</td>
<td>1.6*</td>
<td>30*</td>
<td>2.6*</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>1873</td>
<td>46</td>
<td>130</td>
<td>11*</td>
<td>1.1*</td>
<td>21*</td>
<td>2.1*</td>
<td></td>
</tr>
</tbody>
</table>

| RDA or AI 1 | | | | | | | | |
| Age 51-70 Male | 2204 | 56 | 130 | 14* | 1.6* | 30* | 3.7* |
| Female | 1978 | 46 | 130 | 11* | 1.1* | 21* | 2.7* |
| **Age 70+ Male** | 2054 | 56 | 130 | 14* | 1.6* | 30* | 2.6* |
| Female | 1873 | 46 | 130 | 11* | 1.1* | 21* | 2.1* |

1 Recommended Dietary Allowances (RDAs) are in bold type and Adequate Intakes (AIs) are in ordinary type followed by an asterisk (*).

2 Values are based on Table 5-22 Estimated Energy Requirements (EER) for Men and Women 30 Years of Age. Used height of 5'7", "low active" physical activity level (PAL) and calculated the median BMI and calorie level for men and women. Caloric values based on age were calculated by subtracting 10 kcal/day for males (from 2504 kcal) and 7 kcal/day for females (from 2188 kcal) for each year of age above 30. For ages 51-70, calculated for 60 years old, for 70+, calculated for 75 years old. 80 year old male calculated to require 2004 kcal, female, 1838 kcal.

3 The RDA for protein equilibrium in adults is a minimum of 0.8 gm/kg body weight for reference body weight.

4 The AMDR for carbohydrate is the minimum adequate to maintain brain function in adults.

5 Because % of energy consumed as fat can vary greatly and still meet energy needs, an AMDR is provided in absence of AI, EAR, or RDA for adults.

6 Values for mono- and saturated fats and cholesterol not established as "they have no role in preventing chronic disease, thus not required in the diet."

7 Acceptable Macronutrient Distribution Ranges (AMDRs) for intakes of carbohydrates, proteins, and fats expressed as % of total calories.

8 The values for this table were excerpted from the Institute of Medicine, Dietary Reference Intakes: Applications in Dietary Assessment, 2000 and Dietary Reference Intakes for Energy, Carbohydrates, Fiber, Fat, Protein and Amino Acids (Macronutrients) 2002.

Compiled by the National Policy and Resource Center on Nutrition and Aging, Florida International University, Revised 3/19/04
<table>
<thead>
<tr>
<th>RDA or AI ¹</th>
<th>Potassium (g)</th>
<th>Sodium (g)</th>
<th>Chloride (g)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age 51-70 Male</td>
<td>4.7</td>
<td>1.3*</td>
<td>2.0*</td>
</tr>
<tr>
<td>Female</td>
<td>4.7</td>
<td>1.3*</td>
<td>2.0*</td>
</tr>
<tr>
<td>Age 70+ Male</td>
<td>4.7</td>
<td>1.2*</td>
<td>1.8*</td>
</tr>
<tr>
<td>Female</td>
<td>4.7</td>
<td>1.2*</td>
<td>1.8*</td>
</tr>
</tbody>
</table>

**Tolerable Upper Intake Levels**

<table>
<thead>
<tr>
<th>RDA or AI ¹</th>
<th>Potassium (g)</th>
<th>Sodium (g)</th>
<th>Chloride (g)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age 51-70 Male</td>
<td>2.3</td>
<td>3.6</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>2.3</td>
<td>3.6</td>
<td></td>
</tr>
<tr>
<td>Age 70+ Male</td>
<td>2.3</td>
<td>3.6</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>2.3</td>
<td>3.6</td>
<td></td>
</tr>
</tbody>
</table>

¹ Recommended Dietary Allowances (RDAs) are in **bold type** and Adequate Intakes (AIs) are in ordinary type followed by an asterisk (*). ND - Indicates values not determined.

The values for this table were excerpted from the Institute of Medicine, *Dietary Reference Intakes: Water, Potassium, Sodium, Chloride, and Sulfate*, 2004.
Table 2: Nutrient Availability of an Older Americans Nutrition Program Meal Relative to the Dietary Reference Intakes and Recommended Dietary Allowances

<table>
<thead>
<tr>
<th>Macronutrients</th>
<th>Energy (Kcal)</th>
<th>Protein (g)</th>
<th>Carbohydrate (g)</th>
<th>Total Fat</th>
<th>Saturated Fat (g)</th>
<th>Cholesterol (mg)</th>
<th>Sodium (g)</th>
<th>Fiber (g)</th>
<th>Water (L)</th>
</tr>
</thead>
<tbody>
<tr>
<td>OAA Standards:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dietary Guidelines for Americans</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>685</td>
<td>19^6</td>
<td>43^7</td>
<td></td>
<td></td>
<td></td>
<td>10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>624</td>
<td>15^6</td>
<td>43^7</td>
<td></td>
<td></td>
<td></td>
<td>7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AMDR ^2</td>
<td></td>
<td>10-35%</td>
<td>45-65%</td>
<td>20-35%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OAA Standards:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1/3 RDA or AI (DRIs)^1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age 51+</td>
<td>767</td>
<td>21</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OAA Nutrition Program Evaluation ^3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Average Title III Meal Content ^4</td>
<td>828</td>
<td>37</td>
<td>49%</td>
<td>35%</td>
<td>12%</td>
<td>87</td>
<td>1162</td>
<td>ND</td>
<td></td>
</tr>
<tr>
<td>Congregate Meal</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home Delivered Meal</td>
<td>849</td>
<td>41</td>
<td>49%</td>
<td>34%</td>
<td>12%</td>
<td>71</td>
<td>951</td>
<td>ND</td>
<td></td>
</tr>
<tr>
<td>Average Title VI Meal Content ^4</td>
<td>840</td>
<td>36</td>
<td>49%</td>
<td>35%</td>
<td>13%</td>
<td>86</td>
<td>1390</td>
<td>ND</td>
<td></td>
</tr>
<tr>
<td>Congregate Meal</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home Delivered Meal</td>
<td>768</td>
<td>37</td>
<td>47%</td>
<td>35%</td>
<td>11%</td>
<td>62</td>
<td>1229</td>
<td>ND</td>
<td></td>
</tr>
</tbody>
</table>

1 Recommended Dietary Allowances (RDAs) are in **bold type** and Adequate Intakes (AIs) are in ordinary type followed by an asterisk (*). See Footnotes, page 5.
2 Acceptable Macronutrient Distribution Ranges (AMDRs) for intakes of carbohydrates, proteins, and fats are expressed as % of total calories.
5 Values are based on Table 5-22 Estimated Energy Requirements (EER) for Men and Women 30 Years of Age. Used height of 5’7”, ”low active” physical activity level (PAL) and calculated the median BMI and calorie level for men and women. Caloric values based on age were calculated by subtracting 10 kcal/day for males (from 2504 kcal) and 7 kcal/day for females (from 2188 kcal) for each year of age above 30. Calculated for 75 years old.
6 The RDA for protein equilibrium in adults is a minimum of 0.8 gm/kg body weight for reference body weight.
7 The RDA for carbohydrate is the minimum adequate to maintain brain function in adults.
8 DRI values for saturated and monounsaturated fatty acids, and cholesterol not established as "they have no beneficial role in preventing chronic disease, and thus are not required in the diet.
9 The DRI values for this table were excerpted from the Institute of Medicine, Dietary Reference Intakes: Applications in Dietary Assessment, 2000 and Dietary Reference Intakes for Energy, Carbohydrates, Fiber, Fat, Protein and Amino Acids (Macronutrients) 2002.
<table>
<thead>
<tr>
<th>Temperature</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>41°F - 45°F</td>
<td>Refrigerated potentially hazardous food (PMHF)</td>
</tr>
<tr>
<td>50°F - 54°F</td>
<td>Non-refrigerated potentially hazardous food (NHMF)</td>
</tr>
<tr>
<td>60°F - 66°F</td>
<td>Hot foods (served hot)</td>
</tr>
<tr>
<td>80°F - 84°F</td>
<td>Foods labeled frozen</td>
</tr>
</tbody>
</table>

### Cook Temperatures

<table>
<thead>
<tr>
<th>Type of Food</th>
<th>Cook Temperature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fresh fish</td>
<td>145°F (15 sec)</td>
</tr>
<tr>
<td>Whole beef</td>
<td>160°F (15 sec)</td>
</tr>
<tr>
<td>Pork</td>
<td>155°F (15 sec)</td>
</tr>
<tr>
<td>Chicken</td>
<td>165°F (15 sec)</td>
</tr>
<tr>
<td>Eggs</td>
<td>160°F (15 sec)</td>
</tr>
<tr>
<td>Bean Products</td>
<td>155°F (15 sec)</td>
</tr>
</tbody>
</table>

### Recommended Temperature Setpoints

- **Below 15°F**: Store at 0°F or below.
- **15°F to 29°F**: Store at 4°F or above, but below 10°F.
- **30°F to 35°F**: Use only if necessary.
- **36°F to 40°F**: Store at 37°F or below.
- **41°F to 45°F**: Store at 40°F or above.

### Cook times:

- **Whole beef round**
  - 150°F, for 72 minutes
- **Whole beef meat loaves**
  - 150°F, for 54 minutes
- **Whole beef boneless**
  - 150°F, for 54 minutes
- **Chicken breast**
  - 165°F, for 30 minutes
- **Chicken legs**
  - 165°F, for 45 minutes
- **Eggs**
  - 160°F, for 15 minutes

### Holding times:

- **At 10°F**
  - 24 hours
- **At 4°F**
  - 7 days
- **At 40°F**
  - 2 hours
- **At 45°F**
  - 1 hour

### Freezing & thawing:

- **Fresh, unrefrigerated beef or chicken**
  - 41°F, or below for 10 days at 0°F or below
- **Frozen to frozen**
  - 35°F to 38°F
- **Frozen to refrigerated**
  - 0°F to 4°F

### Cooling:

- **Cooked potentially hazardous food**
  - 40°F to 45°F, in 2 hours, 70°F to 90°F, in 4 hours
- **Potentially hazardous food (uncooked temperature) estimated**
  - 41°F, at 15°F or less
- **Potentially hazardous food (cooked temperature)**
  - 14°F, at 10°F or less

### Reheating:

- **Hot potentially hazardous food**
  - 140°F, to 155°F, in 5 minutes
- **Cold potentially hazardous food**
  - 41°F, or below
- **Hot holding of meals**
  - 145°F, or above
**AOeA Assessment Form**

1. **Client Identification**

   1.a. What is the client's last name?

   ____________________________________________

   1.b. What is the client's first name?

   ____________________________________________

   4.a. What is the client's ethnicity?

       | 1. Hispanic or Latino  |
       | 2. Not Hispanic or Latino  |
       | 3. Unknown  |

   4.b. What is the client's race?

       | 1. American Indian or Alaska Native  |
       | 2. Asian  |
       | 3. Black or African American  |
       | 4. Native Hawaiian or Other Pacific Islander  |
       | 5. White  |
       | 6. Other  |

   5. Enter the client's telephone number.

   ____________________________________________

   6. What is the client's Pension/Social Security Number?

   __________________________

   7. What is the client's date of birth?

   __________________________

   9. What is the client's gender?

       | M. Male  |
       | F. Female  |

   10. Enter the client's mailing street address or Post Office box.

   ____________________________________________

   10.a. Enter the client's mailing city or town.

   ____________________________________________

   10.b. Enter the client's mailing state.

   ____________________________________________
10. Enter the client’s mailing ZIP code.

11. Enter the client’s residential street address or P.O. Box.

12. Enter the client’s residential city or town.

<table>
<thead>
<tr>
<th>1.B. Caregiver Identification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does the client have a family member, friend, or neighbor who helps him/her on a regular basis?</td>
</tr>
<tr>
<td>Don’t know</td>
</tr>
<tr>
<td>No</td>
</tr>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

What is the client’s primary helper’s last name.

What is the client’s primary helper’s first name.
What is the relationship of the primary helper to the client?

- Agency
- Agent
- Aunt
- Brother
- Brother-in-law
- CIHA
- Child or child in-law
- Cousin
- Daughter
- Daughter-in-law
- Doctor
- Domestic Partner
- Family
- Father
- Father-in-law
- Friend
- Friend or neighbor
- Granddaughter
- Grandfather
- Grandmother
- Grandparent (60+)
- Grandson
- Hospital
- Husband
- Landlord
- Medicaid
- Mother
- Mother-in-law
- Neighbor
- Nephew
- Niece
- None
- Officials
- Other
- Other elderly non-relative (60-)
- Other elderly relative (60+)
- Other relative
- Owner
- Professional Care Manager
- Relative
- Religious Org
- Self
- Sibling
- Sister
- Sister-in-law
Social Serv. Age
Social Worker
Son
Son-in-law
Spouse
Stepdaughter
Stepfather
Stepmother
Stepson
Super
Uncle
Visiting Nurse
Wife

What is the address of the client's primary caregiver?


What is the client's primary helper's work phone number.


What is the client's primary helper's home phone number.
2. Assessment

2.A. Assessor Identification

What is the name of the person conducting this assessment?

__________________________________________________________________________

What is the name of the agency the assessor works for?

__________________________________________________________________________

2.B. Activities of Daily Living (ADL)

During the past 7 days, and considering all episodes, how would you rate the client's ability to perform BATHING (include shower, full tub or sponge bath, exclude washing back or hair)?

- Independent
- Supervision
- Requires assistance sometimes
- Mostly dependent
- Total Dependence
- Activity did not occur

During the past 7 days, and considering all episodes, how would you rate the client's ability to perform DRESSING?

- Independent
- Supervision
- Limited Assistance
- Extensive Assistance
- Total Dependence
- Activity did not occur

During the past 7 days, and considering all episodes, how would you rate the client's ability to perform TOILET USE?

- Independent
- Supervision
- Limited Assistance
- Extensive Assistance
- Total Dependence
- Activity did not occur

During the past 7 days, and considering all episodes, how would you rate the client's ability to perform TRANSFER?

- Independent
- Supervision
- Limited Assistance
- Extensive Assistance
- Total Dependence
- Activity did not occur
During the past 7 days, and considering all episodes, how would you rate the client’s ability to perform:

**EATING**

- [ ] Independent
- [ ] Supervision
- [ ] Limited Assistance
- [ ] Extensive Assistance
- [ ] Total Dependence
- [ ] Activity did not occur

During the past 7 days, and considering all episodes, how would you rate the client’s ability to perform:

**WALKING IN HOME**

- [ ] Independent
- [ ] Supervision
- [ ] Limited Assistance
- [ ] Extensive Assistance
- [ ] Total Dependence
- [ ] Activity did not occur

### 2.C. Instrumental Activities of Daily Living (IADL)

During the past 7 days, and considering all episodes, how would you rate the client’s ability to perform:

**MEAL PREPARATION**

- [ ] Independent, did on own
- [ ] Does with supervision, set-up, curing or cleaning only
- [ ] Done with help some of the time
- [ ] Done with help all of the time
- [ ] Done by others
- [ ] Activity did not occur

During the past 7 days, and considering all episodes, how would you rate the client’s ability to perform:

**SHOPPING**

- [ ] Independent, did on own
- [ ] Does with supervision, set-up, curing or cleaning only
- [ ] Done with help some of the time
- [ ] Done with help all of the time
- [ ] Done by others
- [ ] Activity did not occur

During the past 7 days, and considering all episodes, how would you rate the client’s ability to perform:

**MANAGING MEDICATIONS**

- [ ] Independent, did on own
- [ ] Uses assistive device
- [ ] Done with help some of the time
- [ ] Done with help all of the time
- [ ] Done by others
- [ ] Activity did not occur
Specify the client's ability to manage money.

- Completely independent
- Does with supervision, setup, curing or cooing only
- Needs assistance sometimes
- Needs assistance most of the time
- Completely dependent
- Activity does not occur

Rank the client's ability to use the Telephone.

- Independent
- Able to perform but needs verbal assistance
- Can perform with some human help
- Can perform with a lot of human help
- Cannot perform function at all without human help
- Para-medic services needed

Specify the client's ability to perform heavy housework.

- Independent
- Does with supervision, setup, curing or cooing only
- Needs assistance sometimes
- Needs assistance most of the time
- Unable to perform task
- Activity does not occur

Specify the client's ability to perform light housekeeping.

- Independent
- Uses assistive device
- Needs assistance sometimes
- Needs assistance most of the time
- Unable to perform task
- Activity does not occur

During the past 7 days, and considering all episodes, how would you rate the client's ability to perform transportation?

- Independent did own
- Does with supervision, setup, curing or cooing only
- Done with help some of the time
- Done with help all of the time
- Done by others
- Activity did not occur

2.D. Disability Status

What is the client's status?
- Physically disabled
2. F. Nutrition

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has the client made any changes in lifelong eating habits because of health problems?</td>
<td>Don't know, No, Yes</td>
</tr>
<tr>
<td>Does the client eat fewer than 2 meals per day?</td>
<td>No, Yes</td>
</tr>
<tr>
<td>Does the client eat fewer than five (5) servings (1/2 cup each) of fruits or vegetables every day?</td>
<td>No, Yes</td>
</tr>
<tr>
<td>Does the client eat fewer than two servings of dairy products (such as milk, yogurt, or cheese) every day?</td>
<td>No, Yes</td>
</tr>
<tr>
<td>Does the client sometimes not have enough money to buy food?</td>
<td>Don't know, No, Yes</td>
</tr>
<tr>
<td>Does the client have trouble eating well due to problems with chewing/swallowing?</td>
<td>No, Yes</td>
</tr>
<tr>
<td>Does the client eat alone most of the time?</td>
<td>Don't know, No, Yes</td>
</tr>
<tr>
<td>Without wanting to, has the client lost or gained 10 pounds in the past 6 months?</td>
<td>Don't know, No, Yes, gained 10 pounds, lost 10 pounds</td>
</tr>
<tr>
<td>Is the client not always physically able to shop, cook and/or feed themselves (or to get someone to do it for them)?</td>
<td>Don't know, No, Yes</td>
</tr>
</tbody>
</table>
Does the client have 3 or more drinks of beer, liquor or wine almost every day?

- Don’t know
- No
- Yes

Does the client take 3 or more different prescribed or over-the-counter drugs per day?

- Don’t know
- No
- Yes

Title: ____________________________ Date: __________

Title: ____________________________ Date: __________
# Equipment Inventory

General Location of Equipment Listed Below ________________________________________________________________

Date This Inventory was Updated __________________________________________________________________________

Organization Completing this Inventory __________________________________________________________________

<table>
<thead>
<tr>
<th>Name</th>
<th>Under Warranty</th>
<th>Serial Number</th>
<th>Model Number, Name and Location of Manufacturer</th>
<th>Measurement (size-width, length and height)</th>
<th>Description (Specification of the quality and standards of fabrication along with a description of the standard parts normally furnished with the equipment)</th>
<th>Utility Requirements (Listing of the electrical plumbing, steam and ventilation requirements for the equipment)</th>
<th>Approvals (i.e., Underwriter Laboratories, national Sanitation Foundation and other recognized associations that have established standards of construction and safety)</th>
<th>Other Notes</th>
<th>Purchase Date</th>
<th>Purchase Price</th>
<th>Funding Source</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
This notice describes how medical and health information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

USE AND DISCLOSURE OF HEALTH INFORMATION

The Area Office on Aging of Northwestern Ohio, Inc. (Agency) and providers of those services funded by the Agency have but a limited right to use and/or disclose your Protected Health Information (PHI) for the purposes of providing you treatment, obtaining payment for your care and conducting health care operations. The Agency has established policies to guard against unnecessary disclosure of your health information.

The following is a summary of when and why your health information may be used or disclosed:

To Provide Treatment. The Agency may use your health information to coordinate or manage your care within the Agency and with other individuals outside of the Agency involved in your care, such as your attending physician and other health care professionals. For example, certain service providers involved in your care need information about your medical condition in order to deliver appropriate services.

To Obtain Payment. The Agency may include your health information in invoices to collect payment from third parties for the care you receive through the Agency. For example, some health information is transmitted to the Ohio Department of Aging and the Ohio Department of Job and Family Services when billing transactions are conducted.

To Conduct Health Care Operations. The Agency may use and disclose health information for its own operations and as necessary to provide quality care to all of the Agency’s service recipients. Health care operations include such activities as:

- Quality assessment and improvement activities
- Activities designed to improve health or reduce health care costs
- Protocol development, case management and care coordination
- Contacting health care providers and consumers with information about treatment alternatives and other related functions that do not include treatment
- Professional review and performance evaluation
- Review and auditing, including compliance reviews, medical reviews,
legal services and compliance programs
• Business planning and development including cost management and planning related analyses and formulary development, and
• Business management and general administrative activities of the Agency.

As an example, the Agency may use your health information to evaluate its staff performance or combine your health information with other Agency consumers’ health information in evaluating how to more effectively serve all Agency consumers. Your health information may be disclosed to Agency staff and contracted personnel for training purposes, used to contact you as a reminder regarding a visit to you or contact you with community information mailings (unless you tell us you do not want to be contacted).

**For Appointment Reminders.** The Agency may use and disclose your health information to contact you as a reminder that you have an appointment for a home visit.

**For Treatment Alternatives.** The Agency may use and disclose your health information to tell you about or recommend possible service options or alternatives that may be of interest to you.

*The following is a summary of the circumstances when your health information may also be used and disclosed:*

**When Legally Required.** The Agency will disclose your health information when it is required to do so by many Federal, State or local law.

**When There Are Risks to Public Health.** The Agency may disclose your health information for public activities and purposes in order to:
- Prevent or control disease, injury or disability
- Report disease, injury, vital events such as birth or death
- Conduct public health surveillance, investigations and interventions, and
- Notify a person who has been exposed to a communicable disease or who may be at risk of contracting/spreading a disease.

**To Report Abuse, Neglect or Domestic Violence.** The Agency is allowed to notify the government authorities if the Agency believes a patient is the victim of abuse, neglect or domestic violence. The Agency will make this disclosure only when specifically required or authorized by law or when the patient agrees to the disclosure.

**To Conduct Health Oversight Activities.** The Agency may disclose our health information to a health oversight agency for activities including audits, civil administrative or criminal investigations, inspections, licensure or disciplinary
action. The Agency; however, may not disclose your health information if you are the subject of an investigation and your health information is not directly related to your receipt of health care or public benefits.

**In Connection with Judicial and Administrative Proceedings.** The Agency may disclose your health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by such order or in response to a subpoena, discovery request or other lawful process, but only when the Agency makes reasonable efforts to either notify you about the request or to obtain an order protecting your health information.

**For Law Enforcement Purposes.** As permitted or required by State law, the Agency may disclose your health information to a law enforcement official for certain law enforcement purposes as follows:

- As required by law for reporting of certain types of wounds or other physical injuries pursuant to the court order, warrant, subpoena or summons or similar process
- For the purpose of identifying or locating a suspect, fugitive, material witness or missing person
- Under certain limited circumstances, when you are the victim of a crime
- To a law enforcement official if the Agency has a suspicion that your death was the result of criminal conduct including criminal conduct at the Agency, and
- In an emergency, in order to report a crime.

**In the Event of a Serious Threat to Health or Safety.** The Agency may, consistent with applicable law and ethical standards of conduct, disclose your health information if the Agency, in good faith, believes that such disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public.

**For Specified Government Functions.** In certain circumstances, the Federal regulations authorize the Agency to use or disclose your health information to facilitate specified government functions relating to military and veterans, national security and intelligence activities, protective services for the President and others, medical suitability determinations and inmates and law enforcement custody.

**For Worker’s Compensation.** The Agency may release your health information for worker’s compensation or similar programs.
AUTHORIZATION TO USE OR DISCLOSE YOUR HEALTH INFORMATION

Other than is stated above, the Agency will not disclose your health information other than with your written authorization. If you or your representative authorizes the Agency to use or disclose your health information, you may revoke the authorization in writing at any time.

YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION

You have the following rights regarding your health information that the Agency maintains:

**Right to request restrictions.** You may request restrictions on certain uses and disclosures of your health information. You have the right to request a limit on the Agency’s disclosure of your health information to someone who is involved in your care or the payment of your care. However, the Agency is not required to agree to your request. If you wish to make a request for restrictions, please contact the Agency’s Privacy Officer.

**Right to Receive Confidential Communications.** You have the right to request that the Agency communicate with you in a certain way. For example, you may ask that the Agency only conduct communications pertaining to your health information with you privately with no other family members present. If you wish to receive confidential communications, please contact the Agency’s Privacy Officer at (419) 382-0624. The Agency will not request that you provide any reasons for your request and will attempt to honor your reasonable requests for confidential communications.

**Right to Inspect and Copy Your Health Information.** Unless your access to your records is restricted for clear and documented treatment reasons, you have a right to see your protected health information upon your request. You have the right to inspect and copy your health information, including billing records. A request to inspect and copy records containing your health information may be made to the Agency’s Privacy Officer at (419) 382-0624. If you request a copy of your health information, the Agency may charge a reasonable fee for copying and assembling costs associated with your request.

**Right to Amend Health Care Information.** You or your representative have the right to request that the Agency amend your records, if your records, if you believe that your health information is incorrect or incomplete. That request may be made as long as the information is maintained by the Agency. A request for an amendment of records must be made in writing to the Agency Privacy Officer, Area Office on Aging of Northwestern Ohio, Inc., 2155 Arlington Ave., Toledo, Ohio 43609-1997. The Agency may deny the request if it is not in writing or does not include a reason for the amendment. The request also may
be denied if your health information records were not created by the Agency, if
the records you are requesting are not part of the Agency’s records, if the
health information you wish to amend is not part of the health information you
or your representative are permitted to inspect and copy or if, in the opinion of
the Agency, the records containing your health information are accurate and
complete.

**Right to Know What Disclosures Have Been made.** You or your representative
have the right to request an accounting of disclosures of your health
information made by the Agency for certain reasons, including reasons related
to public purposes authorized by law and certain research. The request for an
accounting must be made in writing to Agency Privacy Officer, Area Office on
The request should specify the time period for the accounting starting on or
after April 14, 2003. Accounting requests may not be made for periods of time
in excess of six years. The Agency would provide the first accounting you
request during any 12 month period without charge. Subsequent accounting
requests may be subject to a reasonable cost-based fee.

**Right to a Paper Copy of This Notice.** You or your representative has the right
to a separate paper copy of this Notice at any time if you or your
representative has received this Notice previously. To obtain a separate paper
copy, please contact the Agency’s Privacy Officer at (419) 382-0624.

**DUTIES OF THE AGENCY**

The Agency is required by law to maintain the privacy of your health
information to provide to you and your representative this Notice of duties and
privacy practices. The Agency is required to abide by the terms of this Notice
as may be amended from time to time. The Agency reserves the right to
change the terms of its Notice and to make the new Notice provisions effective
for all health information that it maintains. If the Agency changes its Notice,
the Agency will provide a copy of the revised Notice to you or your appointed
representative.

**Where to File a Compliant.** You or your personal representative has the right
to express complaints to the Agency and to the Secretary of DHHS if you or
your representative believes that your privacy rights have been violated. Any
complaints to the Agency should be made in writing to the Agency Privacy
Officer. The Agency encourages you to express any concerns you may have
regarding the privacy of your information. You will not be retaliated against in
any way for filing a complaint. You may also file a written complaint with the
Secretary of the U.S. Department of Health and Human Services, 200
Contact Person

The Agency has designated the Privacy Officer as its contact person for all issues regarding patient privacy and your rights under the Federal privacy standards. You may contact this person at 2155 Arlington Ave, Toledo, Ohio 43609-1997. Phone: (419) 382-0624.

IF YOU HAVE ANY QUESTIONS REGARDING THIS NOTICE, PLEASE CONTACT

Privacy Officer
Area Office on Aging of Northwestern Ohio, Inc.
2155 Arlington Avenue
Toledo, Ohio 43609-1997
(419) 382-0624
# Request for Payment from Nutrition Contractors

Start Date: ____________________  
End Date: ____________________  

**Provider Name:** ____________________________________________  

**Total Provider Request:**

<table>
<thead>
<tr>
<th>Units of Service</th>
<th>Contracted Unit Rate</th>
<th>Amt Requested</th>
<th>2005 Allocation</th>
<th>Paid YTD</th>
<th>Est. Bal After This Req</th>
</tr>
</thead>
<tbody>
<tr>
<td># Dining Site Meals</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># Home Delivered Meals</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total Units Contracted  
Units Remaining

**Total Meal Request**  

**Ineligible Meal Request**  

**Program Income**  

<table>
<thead>
<tr>
<th>Contracted unit rate</th>
<th>$ Amt Collected for Curr Mo</th>
<th>2005 $ YTD Collected</th>
<th>YTD Rec’d Fr AOOA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dining Site Meals</td>
<td>$0.00</td>
<td>$0.00</td>
<td></td>
</tr>
<tr>
<td>Home Delivered Meals</td>
<td>$0.00</td>
<td>$0.00</td>
<td></td>
</tr>
<tr>
<td>Ineligible Meals</td>
<td>$0.00</td>
<td>$0.00</td>
<td></td>
</tr>
</tbody>
</table>

**Received Current Month:**  

**Received YTD 2005:**

- Local Money
- In-Kind Congregate
- In-Kind HDM

Authorized Signature ____________________________  

2004provreqformBLANK
<table>
<thead>
<tr>
<th>Monthly Meal Counts</th>
<th>Dining Site (Eligible)</th>
<th>Dining Site (Ineligible)</th>
<th>Home Delivered</th>
<th>Frozen</th>
</tr>
</thead>
<tbody>
<tr>
<td>Totals</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>