

## **CHAPTER 7 NUTRITION SERVICE STANDARDS**

### **STATUTORY AUTHORITY**

The Older Americans Act (OAA) as amended in November, 2006, provides the federal requirements for nutrition programs funded by the Tennessee Commission on Aging and Disability (TCAD). In accordance with Title III C of the OAA, Nutrition Requirements Authorizing documents are listed in Appendix A of Chapter 7 of this manual.

Administration on Aging mission statement is to help elderly individuals maintain their dignity and independence in their homes and communities through a comprehensive, coordinated, and cost effective systems of long term care, and livable communities across the U.S.

### **7-1 STATEMENT OF PURPOSE**

The purposes of the Nutrition Standards in Tennessee are to:

1. Promote, maintain and improve the health and well-being of eligible consumers aged 60 years and older, and adults with disabilities through the provision of nutritious meals and opportunities for social contact.
2. Reduce nutritional risk among consumers through the provision of nutritious meals, nutrition screening, and nutrition counseling, based on the needs of consumers.
3. Reduce social isolation experienced by many older persons and adults with disabilities through participation in a variety of social and nutrition service activities.
4. Provide planned nutrition education and supportive nutrition service activities in the congregate and home-delivered meal programs, in order to enhance the consumer's ability to remain independent.
5. Link eligible consumers to available community services.
6. Reduce hunger and food insecurity.
7. Promote the health and well-being of older individuals by increasing access to nutrition and other disease prevention and health promotion services in order to delay the onset of adverse health conditions resulting from poor nutritional health and sedentary behavior.

## **7-2 NUTRITION SERVICE MANAGEMENT**

### **7-2-.01 General Policy**

The Area Agencies on Aging and Disability (AAADs) must assure that nutrition service providers comply with all applicable federal, state, and local laws (including, but not limited to, Title VI and VII of the Civil Rights Act of 1964, Americans with Disabilities Act (ADA), the Age Discrimination in Employment Act, and the Governor's Executive Order 16 (Prevention of Sexual Harassment), and 21 (Minority Business Enterprises), program instructions, regulations and standards.

### **7-2-.02 Selection and Contracting for Nutrition Services**

1. Funding for meals is provided through the federal OAA and the state Options for Community Living.
2. AAADs shall solicit nutrition service bids structured according to the Request for Proposal (RFP) outline developed by TCAD.
3. AAADs must comply with OAA Sections 207 and 306, regarding targeting populations with the greatest economic and social need, those with low income and eligible minorities.
4. The AAADs shall give primary consideration to the provision of meals in a congregate setting except that each AAAD:
  - A. May award funds made available under the OAA to organizations for the provision of home-delivered meals to older individuals based upon a determination of need made by the recipient of a grant or contract without requiring that such organizations also provide meals in a congregate setting; and,
  - B. Shall, in awarding such funds, select such organizations in a manner which complies with the provisions of the OAA.
  - C. Shall not enter into contract for the provision of nutrition services unless such contract has been awarded through a competitive process.
5. Each AAAD shall give consideration, where feasible, in the furnishing of home-delivered meals to organizations which:
  - A. Have demonstrated an ability to provide home-delivered meals efficiently, and reasonably

- B. Furnish assurances to the AAADs that such an organization will maintain efforts to solicit voluntary contributions and that the funds made available under the OAA to organizations shall not use earned nutrition awards to supplant funds earmarked for services for eligible persons from non-Federal sources
  - C. Maintain safe and appropriate temperatures. AAADs shall enter into contracts with nutrition service providers that limit the amount of time meals must spend in transit before they are consumed.
6. The AAAD shall approve all subcontracts for nutrition services.

**7-2-.03 Contracts with For-Profit Organizations**

- 1. Nutrition service providers may enter into contracts with for-profit organizations for nutrition services only with the prior written approval of TCAD. Such approval must be obtained on an annual basis.
- 2. A record of the TCAD approval of contracts with for-profit organizations must be maintained on file by the nutrition service provider and the AAAD.
- 3. If an AAAD is authorized by TCAD to provide direct services, any contracts for the provision of nutrition services between the AAAD and a for-profit organization must have prior written approval by TCAD.
- 4. A copy of the AAADs contract with the for-profit organization must be forwarded to TCAD.

**7-2-.04 General Operating Requirements**

AAADs must assure that nutrition service providers develop and implement a policy manual containing, at a minimum, the following information:

- 1. Fiscal Management
- 2. Food Service Management
- 3. Safety and Sanitation
- 4. Staff Responsibilities
- 5. Organizational Chart

### **7-2-.05 Site Agreement**

1. Each AAAD must assure that each nutrition service provider has a letter of agreement in place with the owner of the congregate meal site facility that includes but is not limited to:
  - A. The facility owner is responsible for Fire and Life Safety Code Compliance.
  - B. The facility owner is responsible for liability insurance.
  - C. Thirty (30) days notice is needed prior to eviction.
2. The AAAD must grant approval for the operation of any subcontracted or directly operated congregate meal site, central kitchen or facility which prepares, packages, or serves meals.

### **7-2-.06 Minimum Congregate Attendance Requirements**

1. Each nutrition service site must serve a combined average of 20 congregate and home-delivered meals per day. The AAAD Director can request a one-year waiver of this policy to keep open a meal site that averaged fewer than 20 congregate and home-delivered meals per day over the past year by submitting a meal site waiver form.
2. Documentation of continued outreach, publicity, and program activities must be submitted, along with a meal site waiver form, as part of the Area Plan to TCAD, if attendance is not increased and the AAAD would like to renew the waiver for another year. If a drop in attendance occurs anytime during the year at a meal site, a waiver must be requested as soon as the decision to remain open is made.
3. If a remote designation is appropriate for a meal site, the AAAD is responsible for documenting that the site meets the definition and criteria for a remote site.

### **7-2-.07 Prayer at Congregate Meal Sites**

Each nutrition service provider shall adopt a policy that clearly states the consumer has a free choice whether or not to pray, either silently or aloud, and that prayer or other religious activity is not officially sponsored, led or organized by persons administrating the congregate nutrition program.

### **7-2-.08 Records Retention**

Each AAAD must require nutrition providers to retain all program and financial records for no less than three (3) years plus the current year.

Documentation requirements specific to food service include, but are not limited to Nutrition Site Forms:

1. Consumer records: Participant Registration Form, Nutrition Screening Initiative Checklist (NSI), Long Term Care Screening Form, Social Assistance Management System SAMS ILA (includes nutrition screen), Independent Living Assessment;
2. Meal Records: Client Meal Reports/Client Rosters, Missed Visit/Meal Reports, Total Meal Counts (NSIP) Eligible/Ineligible, Temperature Check Records, Menus, Menu Nutrition Analysis;
3. Financial Records: Budgets, Food Cost Records, Labor Cost Records, Supply Cost Records, Inventories, Financial Reports, Contribution Records;
4. Inspection/Code Compliance Records: Health Department Inspections, Tobacco Surveys, Fire Code Inspections, Pest Control Records;
5. Quality Records: Site Monitoring Reports, Plan of Corrections, Consumer Surveys;
6. Education/Outreach Reports: Nutrition Education Calendar, Nutrition Education Records, Staff Training Records;
7. Nutrition Site Forms: AAAD Central Kitchen Monitoring, AAAD Nutrition Site Monitoring, and AAAD Nutrition Program Provider Compliance Review.

### **7-2-.09 Voluntary Contributions**

1. Each AAAD shall require recipients of meal service grants or contracts to solicit voluntary contributions for meals furnished in accordance with guidelines established by AoA, taking into consideration the income ranges of eligible individuals in local communities and other sources of income of the recipients.
2. Voluntary contributions shall be used to:
  - A. Increase the number of meals served by the nutrition service provider involved;
  - B. Facilitate access to such meals;
  - C. Provide other supportive services directly related to nutrition services.

3. Congregate and home-delivered meal consumers shall be given an opportunity to contribute voluntarily to the cost of the service. No eligible person shall be denied a meal because he or she will not or cannot contribute to the cost of services.
  - A. Procedures shall be established by nutrition service providers to protect each consumer's privacy and confidentiality with respect to his or her voluntary contribution or lack of contribution.
  - B. Locked contribution boxes shall be used at each congregate meal site.
  - C. Contribution envelopes shall be provided for home-delivered and congregate meal consumers to ensure privacy.
  - D. Nutrition service providers shall develop a suggested contribution schedule, taking into consideration the income ranges of eligible individuals in the community.
  - E. The AAAD shall consult with nutrition service providers and consumers regarding the best method for accepting contributions. The method of solicitation must be non-coercive.
  - F. Procedures for handling, counting, safeguarding, and depositing contributions shall be in accordance with the TCAD fiscal Policies and Procedures.
4. Two people shall count and record contributions daily. When two people perform this task, one should be the provider staff, and the second should not be provider staff.
5. A display sign, clearly visible and easy-to-read must be posted near the entrance and/or the sign-in table stating the actual cost of the meal. The display sign should also indicate that those persons who are not eligible consumers shall pay the full program cost of the meal.

#### **7-2-.10 Insurance**

Each AAAD shall assure that nutrition service providers have sufficient insurance to indemnify loss of federal, state, and local resources due to casualty, fraud, physical injury, and food borne illness.

#### **7-2-.11 Staffing**

The AAAD must assure that nutrition service providers have sufficient staffing to operate the services being provided.

1. The AAAD must assure that nutrition service provider programs are established and administered by the following:

- A. **A Full-time Nutrition Director** - The nutrition service program shall have a full-time project director qualified by education and experience, responsible for implementing the nutrition service program and for the development and implementation of day-to-day management and administration functions of food management, staff supervision, and staff training.
- i. **Educational Qualifications** - Graduate from a four-year college or university with a Bachelor's degree in Food and Nutrition, Food Service, Home Economics, Institutional Management or a Bachelor's degree in a related field or any combination of education and experience to provide critical knowledge and skills required for this management position. Must maintain current food safety certification.
- ii. **Job Duties and Responsibilities of Nutrition Director**
- a. Program and fiscal planning, management, and evaluation;
  - b. Recruit and hire staff, supervise, direct, and evaluate the performance of staff working in nutrition services;
  - c. Attend required nutrition-sponsored meetings and assure appropriate staff attend meetings and trainings as required;
  - d. Assure that all nutrition, food safety, production, procurement, and food service is in compliance with Nutrition Policies and Procedures of this Chapter and other applicable regulations;
  - e. Provide training for staff and volunteers to enhance their understanding of the program and their skills; and
  - f. Perform job-related duties as directed.
- B. The OAA requires congregate and home-delivered nutrition services to be carried out with the advice of "a dietitian or individual with comparable expertise." For the purpose of these policies, a dietitian shall be defined as a dietitian registered by the Commission on Dietetic Registration (Registered Dietitian or RD). An Individual With Comparable Expertise (ICE) is defined as a nutritionist with a master's or a doctorate degree in one of the following areas: Human Nutrition, Nutrition Education, Foods and Nutrition, Public Health Nutrition, or Nutrition Sciences. It is recommended that the RD or nutritionist be licensed in the State of Tennessee.
- C. A Registered Dietitian or ICE must be available to the service provider for the planning and provision of nutrition services, either on staff under contract, full or part-time, or in a volunteer capacity.

## **Job Duties and Responsibilities of RD or ICE**

- i. Provide nutrition counseling and referral for consumers at high risk as a result of nutrition screening, as applicable;
- ii. Evaluate/Assess the use and need for medical nutritional foods used as supplements and reassess feasibility and appropriateness based on medical need;
- iii. Develop, plan and certify that menus meet nutrition analysis standards;
- iv. Provide technical assistance on food quality, safety, and service;
- v. Implement management and administration functions of food service;
- vi. Develop/disseminate approved nutrition education materials;
- vii. Provide in-service training to staff;
- viii. Provide program monitoring, planning, and evaluation;
- ix. Additional responsibility may include attending and participating in required training sessions with TCAD.

### **7-2-.12 Nutrition Risk Screening**

1. Nutrition screening shall be completed annually on consumers in the congregate meal program using the Nutrition Screening Initiative Checklist (NSI). Nutrition screening shall be completed annually on consumers in the home-delivered meal program using the nutrition screening questions on the ILA. The NSI and nutrition risk scores will be used to establish nutrition risk status for referral to appropriate resources for intervention.
2. A rescreening using the nutrition screening questions on the ILA is required at least every six months for home-delivered consumers who score 6 or more (high nutritional risk) regardless of other priority scores. Phone follow up screenings are acceptable. Staff should be alert for changes in a consumer's condition or circumstances that may warrant a reassessment at an earlier date.
3. All staff performing nutrition screenings shall have training provided by TCAD in the use of the approved standardized screening tool, annually or as needed.
4. AAADs must assure that the nutrition service providers have access to the services of a dietitian or ICE for nutrition education, nutrition assessment, counseling, and referrals to other appropriate resources for consumers determined to be at high risk as a result of the nutrition screening when requested by consumer.

### **7-2-.13 Changes in Nutrition Program Operation**

The AAAD must notify TCAD, in writing, regarding any changes to the current Area Plan as they relate to the operation of the nutrition service program.

#### **7-2-.14 Change in Meal Site Operation**

1. Nutrition service providers must obtain written approval from the AAAD before opening a new meal site, changing location of a site or closing a site.
2. When a meal site is closed or a new one is added, the AAAD shall notify TCAD of the site's name, address, telephone number, contact person, and county location for inclusion in TCAD's Nutrition Resource Directory.
3. AAADs must notify TCAD in writing of significant operational changes regarding a meal site.

#### **7-2-.15 Monitoring and Quality Assurance**

1. The AAAD shall monitor the nutrition service provider(s), each kitchen, and each nutrition site on an annual basis, utilizing the AAAD Nutrition Program Provider Compliance Review form, the AAAD Central Kitchen Monitoring form and AAAD Nutrition Site Monitoring form, as appropriate. The AAAD shall assure that meal temperatures are checked as a routine part of nutrition service delivery.
2. The AAAD shall compile a written, narrative report of the nutrition service provider monitoring visit including findings, plans for compliance and corrective action, as applicable. A copy of the report shall be sent to the provider agency and a copy kept on file at the AAAD.
3. The AAAD shall assure that nutrition service providers monitor each kitchen, congregate meal site and home-delivered meal program at least quarterly using the AAAD Central Kitchen Monitoring form and AAAD Nutrition Site Monitoring form. This monitoring shall include regular temperature checks of hot and cold food items.
4. Comprehensive consumer satisfaction surveys shall be distributed to congregate and home-delivered consumers at least annually. Survey items shall include meal quality, food quantity, service, and the value of nutrition education. Survey data received through these surveys shall be reviewed and summarized in a report with suggested improvements.
5. The AAAD shall assure that personnel who monitor nutrition programs have knowledge and experience in food preparation and storage, food safety and sanitation, including current food safety certification.

### **7-3 GENERAL REQUIREMENTS FOR PARTICIPATION IN THE NUTRITION SERVICES INCENTIVE PROGRAM (NSIP)**

#### **7-3.01 Authority**

The Nutrition Services Incentive Program (NSIP) is authorized by Section 311 of the Older Americans Act (OAA) as amended. USDA Reimbursement/Cash In-Lieu of Commodities Program has been re-named NSIP and transferred to the Administration on Aging (AoA) within the U.S. Department of Health and Human Services. TCAD elects to utilize the cash option.

#### **7-3.02 Purpose**

NSIP provides supplemental funding to States and Tribal organizations for the effective delivery of nutritious meals to eligible consumers.

#### **7-3.03 Disbursement**

The AAAD shall assure that nutrition service providers receive NSIP cash. TCAD shall disburse NSIP funds to AAADs based upon each district's proportion of the total number of eligible meals served in the state in the previous year.

#### **7-3.04 Expenditures**

The nutrition service provider shall expend NSIP funds within the year in which the payment is received. The provider's records shall show the amount of NSIP cash received and how it was expended. Allowable and non-allowable NSIP expenditures:

1. Cash received may only be used to purchase foods approved by the United States Department of Health and Human Services, and other foods produced in the United States of America; or
2. Meals furnished to AAADs under contractual arrangement with food service management companies, caterers, restaurants or institutions, provided that food/beverages are produced in the United States.
3. Non-allowable expenses for NSIP funding are:
  - A. Meals served to individuals, guests, or staff less than 60 years of age;
  - B. Meals served to persons who are paying a set fee for the meal;
  - C. Any meal that is served to a consumer who is required to meet income eligibility criteria;
  - D. Meals used as a non-federal match for other federal program funds;

- E. Alcoholic beverages and vitamin supplements that are not allowed under the nutrition program guidelines;
- F. Sponsored meals if a set fee or charge is involved;
- G. Meals served to adult day care/health participants for whom the cost of the meal is provided for in the adult day care/health rate, paid by any source;
- H. Meals served in the Medicaid Waiver Program cannot be included in counts used to determine NSIP funding; and
- I. Meals served to individuals in nursing homes, adult care homes, or assisted living facilities where the meal is a part of the per diem.

**7-3-.05 Meals Eligible for NSIP Cash Support (allowable and non-allowable)**

1. A meal is allowable for NSIP cash support if:
  - A. The meal is served by an agency which has a grant or contract from the AAAD and is under the jurisdiction, control, management, and audit authority of the network of State and Area Agencies;
  - B. The meal meets the nutrition requirements in Sections 331 and 336 of the Older Americans Act (OAA) as amended in 2006 and complies with 1/3 dietary reference intakes and the Dietary Guidelines for Americans;
  - C. The meal is served to an eligible individual as defined in Sections 339 (h) and (i) of the OAA as amended 2006 (age 60 or over, spouses, and at the discretion of the AAAD; volunteers and adults with disabilities residing in congregate housing where a nutrition site is located; those who accompany an older adult to a site or those who reside with a recipient of a home-delivered meal.)
2. Individuals receiving an eligible NSIP meal shall:
  - A. Not be means-tested for participation or asked for a cost share;
  - B. Not be charged a set fee for meals by a provider;
  - C. Be provided the opportunity to make voluntary contributions to the cost of a meal and;
  - D. Be assessed using required uniform registration and screening forms, including the Nutrition Screening Initiative (NSI).

- E. The AAAD and nutrition service provider shall maintain a record keeping system that tracks the frequency of participation and generates unduplicated count information.

#### **7-4 FIRE, BUILDING, HEALTH CODE COMPLIANCE AND SAFETY PROCEDURES**

##### **7-4-.01 State, Local, Health, and Safety Codes Compliance**

The AAAD shall ensure that all facilities used in conjunction with nutrition services are operated in full compliance with all applicable state and local laws regarding: 1) the safe and sanitary handling of food, equipment, and supplies used in the storage, preparation, service, and delivery of meals; 2) fire, building, health and safety codes and 3) standards of the National Fire Protection Association.

1. All facilities shall display current operation permit;
2. All facilities shall be in compliance with the Division of General Environmental Health Chapter 1200 – 23 – 1: Food Service Establishment guidelines;
3. Copies of all current inspection reports and Tobacco surveys by health department staff, registered sanitation inspector, or fire officials should be kept on file by the nutrition service provider and current inspection report shall be posted at the meal site in a prominent location for consumers to view, and
4. Extermination services shall be provided by a licensed exterminator certified as a pest control operator, at least annually, or more frequently as needed.

#### **7-5 ELIGIBILITY FOR OAA NUTRITION SERVICES**

##### **7-5-.01 Congregate Meals**

1. Congregate meals shall be made available to:
  - A. Persons 60 years of age or older;
  - B. Spouses of persons 60 years of age or older.
2. Congregate meals may be made available to:
  - A. Individuals with disabilities who have not attained 60 years of age, but who reside in a housing facility occupied primarily by older individuals at which congregate meals are served;
  - B. Volunteers who work during meal hours;

- C. Individuals with disabilities who reside in the home with and accompany older individuals who are eligible under the OAA to congregate meal sites.
- 3. Each nutrition service provider in collaboration with the AAAD shall develop procedures for denial or termination of services.
- 4. The Participation Registration form shall be filled out on all eligible individuals receiving a congregate meal.

#### **7-5-.02 Home-Delivered Meals**

##### **A. Eligibility**

- 1. In order to receive home-delivered meals, a person must be:
  - A. 60 years of age or older;
  - B. Homebound or otherwise isolated;
  - C. Physically or mentally unable to obtain food, prepare meals, or lack support to have meals provided for them;
  - D. The spouse of an older person and if the receipt of the meal is in the best interest of the home-bound consumer; or
  - E. A non-elderly person with a disability who resides in a non-institutional household with a person eligible to receive home-delivered meals shall also receive this service when the provision of the meal to the non-elderly person with a disability is in the best interest of the home-bound consumer.

##### **B. Determining Eligibility For Home Delivered Meals**

- 1. The procedure for determining basic eligibility and a priority ranking for a home-delivered meal applicant is through completing and evaluating the following:
  - A. Long-Term Care Screening Form (LTCSF);
  - B. The administration of the ILA, which includes nutrition screen.
- 2. Financial status will not be used to determine eligibility.
- 3. Long-Term Care Screening Information and ILA which includes nutrition screen must be completed on home-delivered meal consumers prior to initiating services with the exception of persons receiving temporary or emergency meals.

4. Staff performing nutrition screens shall have training, as prescribed by the TCAD in the use of the approved instrument annually or as needed. Standardized screening forms and procedures provided or approved by TCAD shall be used for all nutrition screenings.
5. Follow up rescreens shall be completed on home-delivered meal consumers every six months for those consumers who score 6 or more on the nutrition screen questions on the ILA. Phone follow up rescreens are acceptable. All initial and follow up screenings shall be documented for all consumers.
6. Each AAAD and or nutrition service provider shall develop procedures for denial or termination of services which include criteria for denial of services, a procedure for review of these criteria, and an agency grievance procedure.

#### Priority Ranking for Home Delivered Meals

1. A waiting list is to be established only after all measures for improving the efficiency of the service delivery system have been examined and, when feasible, implemented. Procedures shall be established for the timely updating of the waiting lists.
2. Eligible consumers, in order of priority, include the following:
  - A. Those referred by Adult Protective Services.
  - B. Those in greatest economic or social need as determined by the Screening Prioritization Form.
  - C. Those under 60 with disabilities who reside with consumers receiving home-delivered meals.

#### Missed Meals

1. The AAAD may serve missed meals to eligible individuals registered as home-delivered meal consumers when an individual on the route is absent and no one has been designated to receive the meal for the eligible consumer.
2. The second meal shall be counted as two meals for the eligible consumer.
3. The nutrition service provider must meet all standards for maintaining appropriate food temperatures, potential food hazards, and proper handling and storage of the second meal.
4. No extra meals shall be delivered to someone who is not considered a registered home-delivered meal client.
5. The AAAD must develop a policy for missed meals that shall be carried out through established guidelines by nutrition services. The policy should address the number of

times a consumer would be allowed to miss a meal before being terminated from the program.

### **7-5-.03 Ineligible Persons**

Persons residing in long-term care facilities and persons enrolled in a care-providing program or a facility, including an adult day care or adult day health care program in which a meal is provided, are not eligible to receive a meal funded by the Older Americans Act.

Persons who meet eligibility criteria who are enrolled in care providing programs, including adult day care or adult day health care programs are eligible to receive congregate or home-delivered meals on the days they do not participate in such programs.

## **7-6 PROGRAM ACCESSIBILITY**

1. Congregate meal sites shall have space available for comprehensive supportive services and activities.
2. Each congregate meal site shall have an adequate number of sturdy tables and chairs appropriate for adult consumers.
3. Each congregate meal site shall have at least two exits which are unlocked during hours of operation.
4. When feasible, accessible transportation to congregate meal sites shall be provided through coordination of existing transportation resources for consumers who do not own or have access to a vehicle or possess a valid driver's license.
5. Meal sites shall have adequate parking, safe and appropriate places for arrival, departure, boarding and disembarking vans, or other transportation services.
6. Meal sites shall have at least one table surrounded by adequate aisle space to allow for persons with canes, walkers, crutches, or wheelchairs to move with ease.
7. Meal sites shall be in compliance with the Americans with Disabilities Act (ADA).
8. Location of Nutrition Service:
  - A. Each congregate meal site shall be located in areas accessible to older persons with the greatest social and economic needs with particular attention to low income and/or minority individuals.
  - B. Congregate meal sites should be located in as close proximity to the majority of eligible individuals' residences as feasible.

- C. Each congregate meal site shall be located at an approved facility, with particular attention to multipurpose senior centers, schools, or other organizations, preferably within walking distance where possible.
  - D. The site shall be where all eligible persons shall feel free to visit and where their cultural and ethnic background will not be offended.
9. Congregate meal sites shall meet the following health and safety requirements:
- A. Received a health permit to operate from the local health department prior to opening and maintains such permits as required by state law and regulation; and;
  - B. Inspected by the local fire department and meets all local and state fire codes, and;
  - C. Approved fire extinguishers and instructions governing their use must be provided.

## **7-7 PROVISION OF MEALS**

### **7-7-.01 Congregate Meals**

1. Nutrition Services shall operate congregate nutrition services five (5) or more days a week except in rural areas where such frequency is not feasible and a lesser frequency is approved by the TCAD.
2. Congregate nutrition service providers shall provide at least one nutritious meal per day in a congregate setting.
3. Congregate meals shall comply with the nutritional requirements of the Dietary Reference Intakes (DRIs) and the Dietary Guidelines for Americans.
4. A reservation system shall be maintained for congregate meals at each nutrition site:
  - A. Meal orders shall be based on a reservation list; and,
  - B. Congregate meal consumers not on the reservation list shall receive meals on a first come, first served basis only if cancellations occur.
5. A second serving of leftover food may be offered only when all consumers have been served. Leftover food served to the same individual at the same meal services shall not be counted as a second meal for reporting purposes.
6. Meals shall be served at a pre-established time. Adequate serving time shall be allowed for all consumers to eat a leisurely meal.

### **7-7-.02 Home Delivered Meals**

1. Home delivered nutrition services shall provide at least one nutritious meal five (5) or more days a week, except in the case of the consumer having a source for obtaining a meal and requests less frequent delivery.
2. In rural delivery areas where such frequency is not feasible and a lesser frequency is approved in advance by TCAD, a provider shall serve at least one home-delivered nutritious meal (hot, cold, frozen, dried, canned or supplemental foods with satisfactory storage life) per day, plus additional meals which the nutrition provider may elect to provide.
3. TCAD must approve in advance, a less frequent provision of meals, changes in the type of meal services, and additional meals or weekend meals.
4. Home-delivered meals shall comply with the nutritional requirements of the DRIs and the Dietary Guidelines for Americans.

### **7-7-.03 Sponsored Meals**

If congregate services are denied due to limited program resources, meals meeting the current Dietary Guidelines for Americans may be offered to eligible individuals at meal cost. Sponsored meals shall be paid by community donations or private pay.

### **7-7-.04 Emergency Meals**

Meals may be provided to congregate and home-delivered consumers for use during emergencies, weather- related emergencies or nutrition staff training events when the nutrition program cannot provide meals. For reporting purposes, meals shall be counted in the quarter in which they were distributed. Procedures for the use, distribution, and accountability of pre-packaged meals must be developed and detailed in nutrition provider contracts.

### **7-7-.05 Temporary Home - Delivered Meals**

1. The AAAD may authorize up to twenty (20) meals for consumers who have just been discharged from the hospital or nursing facility.
2. Each AAAD must have an operational policy for handling requests for temporary home-delivered meals in excess of its service capacity.
3. The AAAD has the option of providing temporary home-delivered meal service as funding is available to provide such services.
4. AAAD shall take into account the following to determine the need for temporary meals.

A. Informal Support:

1<sup>st</sup> Priority: Relatives, neighbors or friends are not able to provide meal assistance.

2<sup>nd</sup> Priority: Receive some help with meals from relatives and or friends but needs additional assistance from other sources. Where family members reside in the same household, a determination should be made of the extent to which family members can provide meal assistance.

**B. Formal Support:**

1<sup>st</sup> Priority: Ineligible for homecare services, (i.e., housekeeper, homemaker, home attendant) waiting for entitled services, or waiting for an application to be processed. If home-care services are in effect, and the services include meal preparation, temporary home-delivered meals should not be provided.

**5. Temporary Home-Delivered Meals for Registered Congregate Meal Participants**

A. Temporary home-delivered meal service may be provided to registered congregate meal site participants who are ill or incapacitated and temporarily home-bound, at the discretion of the AAAD. An additional provider assessment of home delivered eligibility is not required for this service. Funding for these temporary home-delivered meals should be charged to the congregate meal program.

B. An eligible homebound congregate meal participant may receive up to twenty (20) home-delivered meals. Receipt of more than twenty (20) meals shall require a provider assessment of the individual's need for continued home-delivered meal service and their corresponding ranking of eligibility.

**7-7-.06 Holiday Meal Service**

Each AAAD must assure that nutrition service providers:

1. Develop procedures for the use, distribution and accountability of pre-packaged meals used for holiday meal service.
2. Specify the holiday closing schedule and procedures for providing holiday meals in the contract between the AAAD and the nutrition service provider.
3. The following holidays officially recognized for the employees of the State of Tennessee, constitute the maximum number of holidays any nutrition program or congregate meal site shall be closed without prior written authorization from both the AAAD and TCAD:

New Year's Day  
Martin Luther King, Jr., Birthday (observed)

Washington/Lincoln's Birthday (observed)  
Good Friday  
Memorial Day (observed)  
Independence Day  
Labor Day  
Columbus Day (observed)  
Veteran's Day  
Thanksgiving Day  
Christmas Day (and any additional days specified by the State of Tennessee as part of the Christmas holiday).

4. Holiday closing shall be limited to eleven (11) days per year, except as additional days are authorized at Christmas. Congregate meal sites shall not be closed more than four (4) consecutive days without written approval from TCAD.

#### **7-7-.07 Shelf Stable Meals**

Shelf stable meals shall be made available when feasible and appropriate. The shelf stable meals should be replenished at least every six months so the expiration date does not pass. Meals must follow the meal standards according to the meal planning pattern. The nutrient content of the meals in the package may be averaged to meet requirements.

Packaging requirements for shelf stable meals:

1. The package shall include menus to instruct the consumers how to combine the foods to meet the meal requirements.
2. Cans shall be easy to open, with pull tabs whenever possible.
3. The pre-packaged meal must be labeled with the "use by expiration date."

#### **7-7-.08 Modified and Therapeutic Meals**

1. Quarterly menus shall be planned according to the approved meal pattern and nutrition requirements and are suitable for persons with diabetes, heart disease and hypertension. The AAAD shall establish procedures that allow nutrition service providers to furnish modified meal plans where feasible, appropriate and cost effective, to meet the particular nutritional needs that arise from the health needs of consumers.
2. Therapeutic meals are for consumers who require physician ordered diets and may be offered only from a facility where a licensed, dietitian-nutritionist plans and approves the meals.
3. If an AAAD provides modified/therapeutic diet meals, the consumer's record must include a physician's written order, which is kept on file and is updated as needed.

### **7-7-.09 Liquid Nutritional Supplement Meals and OAA Funds**

The intent of the Older Americans Act is to provide “food first.” Therefore liquid nutritional meals shall not be used as the first tactic when a consumer’s food intake becomes problematic which may result in under nutrition, nutritional imbalances and increased nutritional risk.

Recipients of liquid nutritional meals must meet all eligibility criteria for Title III Nutrition Services either home-delivered or congregate nutrition. Recipients of liquid nutritional meals shall be given the opportunity to contribute a voluntary, confidential and private donation.

Reimbursement for meals which are comprised in whole, or in part, of an approved liquid nutritional supplement product shall be contingent upon the following:

1. A liquid nutritional supplement may only be permitted as an eligible meal funded by OAA, if the volume of the liquid nutritional supplement as a meal replacement meets 33 1/3% of the Dietary Reference Intakes (DRIs) and the Dietary Guidelines for Americans (DGAs) for one meal if two meals are provided, the combined amount must meet 66 2/3% of the DRIs/DGAs for two meals and 100% of the DRIs/DGAs to qualify as three eligible meals.
2. Prior to distribution of a nutritional supplement product to consumers, the service provider or AAAD must obtain a written physician’s order to include:
  - A. Physician’s name;
  - B. Consumer’s name;
  - C. Consumer’s diagnosis and/or reason for necessity of supplement or meal replacement;
  - D. Nutrient type or name of the liquid nutritional supplement meal;
  - E. Volume or supplemental meal replacement and the amount constituting the nutritional requirement;
  - F. Date of order, and
  - G. Length of duration of order.
3. The Registered Dietitian (RD) or individual of comparable expertise (ICE) shall evaluate the physician’s order and assess appropriateness based on the NSI, anthropometrics, and medical assessments. RD or ICE may consult with authorizing physician to recommend other alternative dietary resources as needed. These resources may include, but not be limited to counseling on nutrient dense foods, referral to food banks, food stamps or considering other means of nutrition support; e.g.: soft foods, ground foods or assistance to resources that could treat the medical condition causing the need for liquid nutritional supplements.
4. Written authorization from the physician for liquid nutritional supplement orders should be updated at least every 6 months and kept on file.

### **7-7-.10 Picnic Meals**

Picnic meals may be served for special group events scheduled at locations away from the nutrition meal site, if the vendor has the capability to package and deliver meals on the day they are consumed. Picnic meals must be held at temperatures of 140 degrees Fahrenheit or higher for hot food; 41 degrees Fahrenheit or lower for cold food.

### **7-7-.11 Contributed Foods**

1. All foods contributed to a nutrition service provider must meet standards of quality, sanitation, and safety that apply to foods that are purchased commercially by the provider.
2. Foods prepared or canned in the home shall not be used in meals funded by the Older Americans Act program. Only commercially prepared or hermetically-sealed canned foods shall be used.
3. When a potluck meal is served at a congregate meal site, Title III-C meals shall not be commingled with home prepared or potluck meals. Potluck meals may not be counted as a meal in the NSIP report or the State Reporting Tool (SRT) report.
4. Home-delivered meals shall be provided on the same basis as if the potluck meal had not been scheduled.

### **7-7-.12 Other Meals**

Any other meals provided for persons not eligible for nutrition program participation must be paid for at the total program cost of the meal. An additional amount may be charged at the discretion of the service provider and approved by the AAAD. Funds generated over and above the actual program cost of the meal must be considered as program income. If a nutrition service provider decides to provide an additional meal program as a service to non-eligible persons, and the meal service is not connected to the Older Americans Act, funds must not be included in the plan for these meals. Moreover, meals must not be counted as Older Americans Act meals.

1. Nutrition service providers must have a written agreement with any agency or organization which purchases “other meals” on recurring basis.
2. The nutrition service provider must prevent disruption of the nutrition program. If the kitchen facility becomes inadequate for the preparation of both the nutrition program meals and the “other meals,” priority shall be given to meals for eligible consumers in the nutrition program.
3. Nutrition service providers may be authorized by the AAAD to furnish meals over and above their nutrition program meal allocation to eligible individuals at meal cost.

### **7-7-.13 Special Meals**

1. Each nutrition service provider shall provide special menus, where feasible and appropriate, to meet the particular dietary needs from religious requirements or other ethnic backgrounds of eligible individuals.
2. Religious, ethnic, cultural, or regional dietary requirements or preferences of a major portion of the consumers at a congregate meal site shall be reflected in the meals served. Where feasible, individual dietary preferences may also be met at the nutrition service provider's option.

## **7-8 NUTRIENT REQUIREMENTS**

### **7-8-.01 Authority**

The Older Americans Act of 1965, Section 339 as revised in 2006 requires that meals:

1. Comply with the most recent Dietary Guidelines for Americans (DGA) [see Appendix B] published by the Secretary of Health and Human Services and the Secretary of Agriculture; and,
2. Provide to each participant:
  - A. A minimum of 33 1/3% of the dietary reference intakes as established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences, if the project provides one meal per day,
  - B. A minimum of 66 2/3% of the allowances if the project provides two meals per day,
  - C. 100% of the allowances if the project provides three meals per day, and
  - D. To the maximum extent practicable, are adjusted to meet any special dietary needs of program participants.

The Older Americans Act requires Older Adult Nutrition Programs to comply with the current Dietary Guidelines for Americans (DGAs). The DGAs translate the nutrient based recommendations from the Dietary Reference Intakes (DRIs) into food, diet, and physical activity recommendations. The DRIs are considered to be the latest scientific nutrient reference values.

### **7-8-.02 Purpose**

Menu guidelines are developed to sustain and promote the health and well being of older adults through the provision of safe, nutritious, appealing, and cost effective meals using specific authority guidelines. These guidelines shall be incorporated into all requests for proposals/bids, contracts, and open solicitations for meals.

### **7-8-.03 Food Recalls/ Potentially Hazardous Foods**

Each AAAD is responsible for ensuring food supply is safe and fit for consumption. In the case of food recalls and potentially hazardous food, AAADs are responsible for notifying TCAD in writing of any food recall reported by their Nutrition Providers. Potentially hazardous foods should be suspended immediately until confirmation from food distributors is made stating food supply is safe. Upon receipt of confirmation statement, the AAAD will notify TCAD that suspended food may be resumed. TCAD advises all Nutrition Providers and AAADs to sign up and check the U.S. Food and Drug Administration (FDA) websites for the latest press releases and other notices of recalls. The FDA websites are [www.fda.gov](http://www.fda.gov) and [www.cfsan.fda.gov](http://www.cfsan.fda.gov).

### **7-9 MENU DEVELOPMENT AND MEAL REQUIREMENTS**

1. AAADs are responsible for ensuring that meals served by nutrition service providers meet requirements. All menus, whether prepared at the meal site, frozen, non-perishable, boxed lunch, or catered must meet the same requirements in these standards.
2. Menus must be:
  - A. Planned in advance for a minimum of four weeks. Approved menus may be repeated in a three month cycle;
  - B. Reviewed and determined acceptable in writing by a Registered Dietitian (RD) or individual of comparable expertise (ICE) as meeting menu standards including the Dietary Reference Intakes. Certification of the menus should include the date reviewed, the dietitian's name and registration number or indication of education to meet comparable expertise. Menu Approval Sheets should be used to document certification of menu requirements;
  - C. Analyzed for nutritional adequacy to standards via computer assisted nutrient analysis software;
  - D. Submitted by the following quarterly menu schedule for TCAD review;
  - E. Quarterly Menus: submitted by the 1st of the month prior to month menu is implemented;
  - F. First Quarter Menus (July, August, September) submitted by June 1;
  - G. Second Quarter Menus (October, November, December) submitted by September 1;
  - H. Third Quarter Menus (January, February, March) submitted by December 1;
  - I. Fourth Quarter Menus: (April, May, June) submitted by May 1;

- J. If upon review, a menu cycle does not meet minimum requirements, the AAAD and or nutrition provider is responsible for ensuring that appropriate corrections are made prior to implementation. Revised and/or corrected menus shall be resubmitted to TCAD;
- K. Posted in a conspicuous location in each congregate meal site so as to be available to participants.

**Table 1**  
**Nutritional Analysis Requirements**

<b>Nutrient</b>	<b>Amount Required</b>	<b>Notes</b>
<b>Calories</b>	655 calories per meal, averaged over one week	No one meal shall be less than 600 calories
<b>Protein</b>	17g per meal	
<b>Fat</b>	30% calories, averaged over one week	No one meal shall be more than 35% fat
<b>Fiber</b>	8g averaged over one week	
<b>Calcium</b>	400 mg per meal	
<b>Zinc</b>	3.7 mg per meal	
<b>Vitamin A</b>	300 mcg (RE), averaged over one week	
<b>Vitamin B6</b>	.6 mg per meal	
<b>Vitamin B12</b>	.8 mcg per meal	
<b>Vitamin C</b>	30 mg per meal	
<b>Sodium</b>	1000 mg, averaged over one week	No more than 1200 mg per meal

**7-9-.01 Meal Patterns**

The meal pattern may be used as a planning tool to ensure food plate coverage and the appropriate types and amounts of food served. The computerized nutrient analysis will help nutrition service providers ensure nutrition adequacies in meals are planned. The AAAD has some discretion to allow flexibility in planning meals that may not meet the meal pattern but do meet the nutrient value requirements.

The meal pattern (Table 2) listed below is based on the newer DRIs for energy. It provides approximately 655 calories per meal. The updated meal pattern includes one additional serving of bread alternate and another serving of vegetable or fruit compared to the old meal pattern.

Servings sizes are based on the “My Pyramid Food Guide System” (see Appendix C). The updated meal pattern does not assure that meals meet 1/3 the DRIs and the current Dietary Guidelines. Meals are likely to require specific types of fruits and vegetables, whole grains, and high fiber foods in order to assure that key nutrient sources are met. Nutrition education may be utilized in the selection of foods that are good sources of required nutrients.

**Table 2**

### Meal Pattern

<b>Food Group</b>	<b>Serving per meal *1 and *2</b>	<b>Current Dietary Guidelines Servings per day for 2000 calories per day *3</b>
<b>Bread or bread Alternate, Starches/ Grains</b>	2 servings of bread: 1, 1 oz. slice of bread, or ½ cup cooked rice, pasta, noodles, or 1oz, dry cereal, one small muffin	6 one ounce equivalent servings daily One half of grain servings Should be whole grain products
<b>Vegetable</b>	2-3 servings: ½ cup or equivalent measure (may serve an additional vegetable instead of 2 fruits)	5 servings daily. Includes dark green leafy, or orange vegetables, cooked dry peas and beans
<b>Fruit</b>	1-2 servings: ½ cup or equivalent measure (may serve an additional fruit instead of 3 vegetables)	4 servings daily. Includes deeply-colored fruits such as oranges
<b>Milk or Milk Alternate</b>	1 serving: 1 cup or equivalent measure	3 servings daily, select low fat products
<b>Meat or Meat Alternate</b>	1 serving: 3 oz or equivalent measure	2 servings daily, total of 5.5 ounces
<b>Fats</b>	1 serving: 1 teaspoon or equivalent measure	2-3 servings per day. Select foods lower in fat, saturated-fat, and cholesterol, avoid trans-fats
<b>Dessert</b>	Follow guidelines	Follow guidelines
<b>Sodium</b>	800 mg	Select and prepare foods with less salt and sodium

- \*1. The number of servings per meal estimates of 1/3 of the DRIs.
- \*2. Caloric value (2000 kcal/per day) based upon a 51+ year old male, “low active” physical activity level.
- \*3. The caloric requirements for women 51+ years are 1,600 kcal/day.  
{Source: Estimated Caloric Requirements in Each Gender and Age Group at Three Levels of Physical Activity from the Dietary Guidelines for Americans, 2005.}

### **7-9-.02 Requirements for One Meal Daily**

<p>3 oz. edible cooked meat, fish, fowl, eggs or meat alternate  3 servings vegetables and fruits  2 servings starches/grains  1 cup low fat milk or equivalent  Optional: fat, dessert, coffee or tea</p>
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**7-9-.03 Requirements for Two Meals Daily**

1. Congregate and home-delivered meal providers serving two meals per day must furnish a total of two-thirds of the RDA – (Refer to Meal Components and Serving Sizes for additional information).
2. If the two meals are not served to the same population, each meal must meet the requirements for one meal.
3. Home-delivered and congregate meal consumers who receive two meals daily, should meet the requirements for two meals.

**7-9-.04 Requirements for Three Meals Daily**

1. Congregate and home-delivered meal providers serving three meals per day to the same population must provide 100% of the RDA (Refer to Meal Components and Serving Sizes for additional information).
2. Home-delivered meal and congregate consumers who receive three meals daily should meet the requirements for three meals.

**7-10 FOOD SERVICE OPERATIONS**

**7-10-.01 Meal Planning**

1. Food items within the meat and meat alternates, vegetable and fruit groups shall be varied within the week and menu cycle.
2. Food items shall not be repeated two days in a row or on the same days of consecutive weeks.
3. A variety of food and preparation methods, including color, combinations, texture, size, shape, taste, and appearance shall be included in meal planning.
4. Special needs of older persons and adults with disabilities shall be considered in all menu planning, food selection, and meal preparation.
5. Menus, Menu Approval Sheet, and nutritional analysis shall be submitted to the AAAD for review at least three weeks prior to the initial use of the menu. Nutrition service providers shall keep on file, for a period of three audit years plus the current year, copies

of the menus as certified by the dietitian and reviewed by the AAAD. The AAAD shall assure that menus, menu approval sheet and nutritional analysis are forwarded to TCAD per quarterly menu schedule.

6. Menu substitutions must be approved by the registered dietitian or an ICE in planning of nutritional services, who is a staff member of, or regular consultant to, the nutrition service provider.

#### **7-10-.02 Food Procurement**

1. Foods purchased for use in the nutrition program shall be of good quality and shall be obtained from sources which conform to federal, state and local regulatory standards.
2. All foods must be safe for human consumption, clean, wholesome, and free of spoilage, adulterations, filth, or contamination and be honestly presented.
3. Menu items should be purchased per product specifications as determined by the Registered Dietitian or an ICE in consultation with the nutrition provider to ensure menu standards are met.

#### **7-10-.03 Food Production**

All foods prepared for serving shall be in accordance with a dietitian or ICE approved menu, which should be posted at food preparation areas.

1. Quality-assured recipes adjusted to yield the needed number of servings must be used to achieve desired consistency.
2. Foods must be prepared and served using methods which preserve optimum flavor, appearance, and nutritive value.
3. Production of food must be under circumstances that insure sanitary practices in food handling, preparation, service and personal hygiene.
4. Emergency Occurrences: In the event of fire, flood, power shortage, or similar event that might result in contamination of food or that might prevent potentially hazardous food from being held at required temperatures, the person in charge shall immediately contact the appropriate authority, upon receiving notice of this occurrence.

#### **7-10-.04 Food Service Sanitation and Safety**

1. Compliance with federal, state and local health, sanitation, safety and building codes, regulations, and licensure requirements, with the Tennessee Department of Health Rules and Regulations Pertaining to Food Service Establishments, and with other provisions relating to the public health, safety, and welfare applicable to each food preparation site and food service subcontractor/caterer used in the nutrition program is required in all stages of food service operations.
2. Subcontractors must maintain a copy of all current Food Service Establishment Inspection Reports completed by state and local health department staff for each food preparation site and food service subcontractor/caterer used in the nutrition program. Corrective actions recommended by state or local officials must be resolved in a timely manner.
3. Food must be prepared, served, and transported with the least possible manual contact with suitable equipment and utensils, and on surfaces that, prior to use, have been cleaned, rinsed, and sanitized to prevent cross contamination. Nutrition providers shall have written, posted effective procedures for cleaning and sanitizing dishes, cleaning equipment, serving equipment (pans, bowls, etc.) as well as work areas which are followed and monitored for consistency.
4. Food must be protected from potential contamination (including dust, insects, rodents, unclean equipment and utensils) and unnecessary handling.
5. Holding times, with appropriate temperature control, between food preparation and the consumption of the meal must be minimal to reduce opportunities for bacterial growth, to maintain nutritional quality, food acceptability, and food safety.
6. The following standards for meal temperatures are:
  - A. Hot foods shall be maintained at 140 degrees Fahrenheit or above at all times.
  - B. Cold foods shall be maintained at 41 degrees Fahrenheit or below at all times.
  - C. Temperature checks must be taken with a food thermometer and recorded at the time all food leaves the preparation area and again immediately before the food is served to consumers.
  - D. Food temperatures shall be recorded by the name of each specific food item, exceptions are bread products, crackers, cake and fresh fruit.
  - E. Temperature reports must be kept on file for three years plus the current year.
  - F. When food is found at improper temperatures, a notice of finding shall be made in a narrative report as well as a plan for immediate correction.

G. Metal, stem type, numerically scaled indicating thermometers, accurate to  $\pm 2^{\circ}\text{F}$ , shall be provided and used to assure the attainment and maintenance of proper internal cooking, holding, or refrigeration of all potentially hazardous foods.

H. Thermometers shall be calibrated regularly, preferably before each meal to ensure accuracy. Thermometers should also be calibrated any time that they have suffered a severe shock (for example, after being dropped or after an extreme change in temperature). Always follow manufacture's guidelines when using other types of thermometers.

7. A sample test meal of all food items served to consumers shall be saved, dated, labeled and frozen at each food preparation site and retained for seventy-two (72) hours for checking purposes should food borne illness occur.
8. No food, with the exception of fresh fruit, bread and unopened milk or fruit juices shall be taken from the congregate meal site after it has been served. Food items removed from the premises shall become the responsibility of the consumer.
9. Nutrition service providers must have a written policy posted regarding the removal of food from the congregate meal site.

#### **7-10-.05 Reporting Suspected Food Borne Illness**

Prompt handling and referral of food related complaints are the foundation for the successful investigation of possible food borne illness. When an illness related to food is suspected, the following procedures should be implemented:

1. Assist person(s) in obtaining medical treatment;
2. If available, label and refrigerate suspected food item until appropriate health authorities are contacted;
3. Notify the nutrition program provider, state and/or local health department officials, and AAAD of the suspected contaminated food; and
4. The AAAD shall provide a report to TCAD which includes:
  - A. date and time suspect food was consumed;
  - B. number of persons affected;
  - C. name of the alleged food item;
  - D. location where suspect food was served;
  - E. symptoms of illness; health care provider contacted; clinical diagnosis;
  - F. reported ill workers involved, and if applicable, and
  - G. name of nutrition provider.

#### **7-10-.06 Standards for Home Delivered Meals**

Nutrition service providers providing home-delivered meals may use various systems of delivery where necessary and reasonable. However, all food preparation standards set forth in this section shall be met and included in policy manual as follows:

1. Meals shall be delivered only to eligible consumers in their homes and shall not be left at the door or anywhere unattended. Meals may be left with the consumer's designee if prior arrangements have been made.
2. Home-delivered meals may include the delivery of more than one meal for each day's consumption provided that proper storage and heating facilities are available in the consumer's home.
3. Service providers must advise consumers that food shall be consumed immediately after delivery and/or shall ensure that instructions for proper heating, storage, and handling of home-delivered meals are provided.
4. Each delivery route shall be clearly established in writing and the food carriers labeled for each route.
5. Preferably no more than two hours should elapse between the time meals are portioned and the last meal is delivered, even though appropriate temperatures are maintained. Cook chill facilities that preplate cold products while maintaining temperature range requirements, may have longer time periods between pre-plating and delivery.
6. Each food carrier must be tightly closed after each meal is removed.
7. From the time of packaging of home-delivered meals to the receipt by consumers, hot food shall be kept at 140 degrees Fahrenheit or above, cold foods at 41 degrees Fahrenheit or below at all times, except during necessary periods of preparation.
8. Frozen meals shall be maintained in a frozen state during transportation and delivery. When a frozen meal has been delivered to the consumer and the meal has been thawed, it shall not be refrozen (See Appendix D).
9. Only individual single service aluminum trays or divided foam containers and covers that meet the standards of mandatory food specifications shall be used for hot foods. Appropriate individual containers with snap-on lids must be used for all cold food. Bread must be packaged separately and protected from contamination.
10. The service provider shall furnish, upon request, appropriate food containers and utensils for consumers with disabilities.
11. All meals must be individually portioned. Cold and hot foods must be packed in separate insulated food carriers with tight fitting lids, and transported immediately.

12. Temperature checks of hot and cold food must be taken and recorded by the service provider at least one time per week on selected routes. Each route must be checked on a rotating basis. The last meal delivered on the route shall be the one checked to assure that hot food is delivered at a minimum of 140 degrees Fahrenheit and cold food is delivered at 41 degrees Fahrenheit or below. Records of temperatures shall be maintained and kept on file.
13. Temperature retention problems involving the entire meal shall be monitored on a daily basis until the problems are identified and corrected.
14. Temperature retention problems with individual food items shall be followed up immediately in order to correct the problems.
15. Each nutrition service provider shall establish a monitoring schedule that insures that standards are met on all routes.
16. Once the meal has been delivered, the meal becomes the responsibility of the consumer.

## **7-11 OTHER PROGRAMS AND SERVICES**

### **7-11-.01 Nutrition Education**

Nutrition education shall be provided to congregate consumers on a monthly basis at each congregate meal site. Sessions should last approximately 15 minutes per session. Nutrition education activities should be posted at the beginning of each month at each meal site. Nutrition education plans must be developed by a RD or ICE and incorporated in the nutrition proposal and included in the contract.

1. Congregate Nutrition Education – A wide range of teaching techniques (lecture, presentations, videos, pamphlets or other printed materials) and a variety of topics should be developed in the plan to include, but not be limited to:
  - A. Adequate daily nutritional intake including balanced meal planning and preparation, Food Guide Pyramid, Dietary Guidelines for Americans;
  - B. The wise use of limited food dollars including shopping assistance, use of food stamps, and product information.
2. Home- Delivered Nutrition Education – Pamphlets or other printed materials delivered to the consumers relating to nutrition, dietary guidelines, health promotion, and disease prevention,

maintenance of an active physical lifestyle that promotes good health or other current health issues, to the extent possible.

#### **7-11-.02 Nutrition Counseling, Screening and Educational Services**

1. Nutrition counseling, screening and educational services shall be provided by nutrition service providers in accordance with TCAD directives.
2. Nutritional Counseling is a component of a nutritional care plan in which a registered dietitian or nutritionist gives professional guidance to a consumer for a physician's treatment plan. The service includes:
  - A. Assessing present food habits, eating practices, and related factors;
  - B. Developing a written plan for appropriate nutritional counseling;
  - C. Translating the written plan with the consumer; and
  - D. Planning follow-up care and evaluating achievement of objectives.

#### **7-11-.03 Outreach**

The nutrition service provider shall conduct outreach activities which assure that the maximum number of eligible individuals may have the opportunity to participate. Provider initiated activities may include community inquires or surveys to locate individuals in need of services, telephone or personal contacts, information giving: provision of accurate and pertinent information to a person about available public and voluntary services / resources and follow up to determine the outcome of the referral and the appropriateness and effectiveness of services. These initiated activities may be counted as service units for outreach. Nutrition Provider shall assure that all outreach staff receive special training in interviewing techniques. A record of all outreach activities shall be kept on file in the nutrition service provider's office.

#### **7-11-.04 Referral to Other Agencies**

1. Nutrition service providers shall refer consumers to the AAADs Information and Assistance Program regarding other aging and disability services.
2. The nutrition service provider must ensure that all personnel, paid or volunteer, who come in contact with older persons or adults with disabilities are aware of their responsibilities under the Tennessee Adult Protection Act which requires "any person having reasonable cause to suspect that an adult has suffered abuse, neglect or exploitation shall report such information to the nearest county office of the Tennessee Department of Human Services brought to the attention of the appropriate officials for follow-up."
3. The home-delivered meals provider must assist consumers in taking advantage of benefits under other programs by advising them of and referring them to available needed services.

This assistance does not include case management services such as the development of a care plan, arranging and monitoring the services of that plan, or extensive consumer counseling.

### **7-11-.05 Food Stamp Benefits**

1. Food stamp benefits, which are a part of the Federal Electronic Benefits Transfer (EBT) program, shall be accepted as meal contributions. Program consumers shall be informed of this service.
2. Food stamp information shall be posted in a conspicuous location at all congregate meal sites. Home-delivered consumers shall be reminded of the food stamp benefit.
3. The AAAD shall ensure that nutrition service providers shall be certified to accept food stamps as cash contributions for meals.
4. Nutrition service providers shall assist eligible persons in utilizing benefits available to them under the food stamp program.

### **7-12 STAFF DEVELOPMENT AND TRAINING**

#### **7-12-.01 Training Staff and Volunteer Requirement**

1. An essential factor contributing to the quality of nutrition services is the quality of training for staff. The nutrition program must establish a formalized nutrition training plan for the staff and volunteers.
2. The nutrition service provider shall conduct training for all staff engaged in the implementation of nutrition services. The training must be designed to enhance staff performance as related to specific job responsibility of each staff member.
3. The nutrition project director shall attend training programs provided by TCAD.
4. The nutrition program training plan should include training in the following topics (included but not limited to):
  - A. Specific health, social, economic, and nutritional needs of older consumers;
  - B. Supportive services available to consumers through other community resources;
  - C. The specific job skills, knowledge, and area of responsibility;
  - D. Food service and management;
  - E. Nutrition education;
  - F. Dietary guidelines;
  - G. Menu requirements;
  - H. Safety and sanitation;
  - I. Monitoring and quality assurance;
  - J. Food handling, preparation and storage;
  - K. Meal delivery;

- L. Records and reporting requirements;
- M. Temperature control and food safety;
- N. Title VI, Civil Rights Act; and
- O. Complaint and incident handling and reporting.

- 5. Nutrition service providers must have a written training plan describing the content of training and the subject matter expected to be covered during in-service training. The dates and content of training provided should be documented.

### **7-12-.02 Background Checks**

All service providers, contractors, and subcontractors must verify individual criminal history, background information for employees and volunteers who provide direct care or, have direct contact with, or have direct responsibility for the safety and care of disabled or elderly persons in their homes. [T.C.A. 71-2-111] A local or state criminal background check may be waived by the provider for volunteers who work in the Nutrition Program; however, checks of the National Sex Offender Registry, Tennessee Felony Offender Registry and the Tennessee Abuse Registries must be performed and documented.

### **7-13 FISCAL MANAGEMENT**

Nutrition service providers shall comply with the procedures of the TCAD policy manual chapter “Financial Management Standards and Procedures.”