

**Nutrition Service Standards**

**AAA 1-B Board Approved Nutrition Allocation Formula**

This current formula uses the 2010 census data, and is based on the following factors and weights:

<b>Factor</b>	<b>Weight</b>
Population of individuals age 60+	1.00
Population of individuals whose income is below 150% of poverty	1.00
Population of individuals who are members of a racial or ethnic minority	.50

Using population factors and weight of each factor, nutrition funding allocated to each of the six counties served by AAA 1-B is as follows. For example, Livingston County is allocated 5.52% of nutrition services funding.

<b>County</b>	<b>Funding Allocation</b>
Livingston	5.52%
Macomb	30.65%
Monroe	5.24%
Oakland	42.85%
St. Clair	6.12%
Washtenaw	9.62%
<b>Total</b>	<b>100.00%</b>

**Explanation of formula computations**

The formula provides for a 15% base to be applied against the total available funds and divided equally between the six counties in the Region. The balance of the total available funds is then allocated to each county, according to its formula-weighted percent. Should multiple contractors within a county be funded by the AAA 1-B Board of Directors, the county allocation will be distributed to those contractors on the basis of the formula weights and factors, using census data for the geographic areas served or under separate contract by funding that is reprogrammed to meet the needs of targeted populations as approved in the Annual Implementation Plan (AIP) in conjunction with community focal points. When a separate contract is awarded, these funds shall be allocated in proportion to the number of participants and meals in the defined service area by adjusting or reallocating funds within the same geographic serving area for the targeted population; and may not exceed the negotiated unit rate for the serving area reduced. Funds awarded by formula may be reprogrammed where there is not an agreement in place to serve a targeted population as determined during the contract negotiation.

Additionally, a new funding grant award for one or more nutrition contractors may be allocated

from carryover funds or by funds reprogrammed as outlined in the AAA 1-B fiscal policy for reprogramming. This shall only be done in cases where under serving of the nutrition program contract has been determined through programmatic review and/or the contract negotiation process or from reprogrammed/additional funds approved to assist with a reduction in the waitlist for nutrition services.

**Nutrition Formula Computations**

<u>Factor</u>	<u>Weight</u>	<u>X</u>	<u>Region 1-B Population</u>	<u>=</u>	<u>Weighted Population</u>	<u>Region 1-B Weighted Percentages</u>
60+	1.00	X	546,532	=	546,532	84.33%
150% of Poverty	1.00	X	73,432	=	73,432	11.33%
Minority Group	.50	X	56,272	=	28,136	4.34%
					648,100	100.00%

**Percent of Region 1-B population by county**

<u>County</u>	<u>60+</u>	<u>150% Poverty</u>	<u>Minority</u>
Livingston	32,398 5.93%	3,130 4.26%	260 .92%
Macomb	167,509 30.65%	25,708 35.01%	5,345 19.00%
Monroe	29,401 5.38%	4,127 5.62%	405 1.44%
Oakland	230,825 42.23%	29,202 39.77%	17,715 62.96%
St. Clair	33,741 6.17%	5,433 7.40%	522 1.86%
Washtenaw	52,658 9.63%	5,832 7.94%	3,889 13.82%
<b>Total</b>	<b>546,532</b>	<b>73,432</b>	<b>28,136</b>

**Region 1-B Weighted Percentages x County Percentages**

County	60+	150% Poverty	Minority	Weighted %
Livingston	84.33%	11.33%	4.34%	
	<u>x 5.93%</u>	<u>x 4.26%</u>	<u>x .92%</u>	
	5.000769	.482658	.039928	5.52%
Macomb	84.33%	11.33%	4.34%	
	<u>x 30.65%</u>	<u>x 35.01%</u>	<u>x 19.00%</u>	
	25.847145	3.966633	.8246	30.65%
Monroe	84.33%	11.33%	4.34%	
	<u>x 5.38%</u>	<u>x 5.62%</u>	<u>x 1.44%</u>	
	4.536954	.636746	.062496	5.24%
Oakland <sup>1</sup>	84.33%	11.33%	4.34%	
	<u>x 42.23%</u>	<u>x 39.77%</u>	<u>x 62.96%</u>	
	35.612559	4.505941	2.732464	42.85%
St. Clair	84.33%	11.33%	4.34%	
	<u>x 6.17%</u>	<u>x 7.40%</u>	<u>x 1.86%</u>	
	5.203161	.83842	.080724	6.12%
Washtenaw	84.33%	11.33%	4.34%	
	<u>x 9.63%</u>	<u>x 7.94%</u>	<u>x 13.82%</u>	
	8.120979	.899602	.599788	9.62%
				<u>100%</u>

<sup>1</sup>Adjustment will be made for Oakland County by municipality, pending release of minority specific data by municipality

## **GENERAL REQUIREMENTS FOR NUTRITION PROGRAMS**

This section contains the minimum standards and requirements for nutrition programs for the FY 2020-FY2022 contract cycle, representing the period between October 1, 2019 and September 30, 2022.

### **Overview**

The Michigan department of Health and Human Services, Aging and Adult Services Agency (AASA) encourages nutrition providers to operate nutrition programs for older adults that allow for choice and flexibility, while maintaining federal and state standards and requirements. The meals should include key nutrients and follow dietary recommendations that relate to lessening chronic disease and improving the health of older Michiganders. Diabetes, hypertension, and obesity are three of the most prevalent chronic conditions among all adults in Michigan. Special attention should be paid to nutritional factors that can help prevent and manage these and other chronic conditions.

**Commented [AP1]:** This section added- Overview and Business Practices

### **Business Practices**

#### **1. Nutrition Analysis**

Nutrition providers must be able to produce a nutrient analysis for a meal when requested by AASA, the area agency on aging (AAA), a participant, or a participant's family member of medical provider. Nutrition analysis does not have to be listed on the menu. All nutrition providers should purchase, or have access to, an electronic nutrition analysis program. Providers may use up to \$1,000 in state or federal funds to purchase or maintain such a program. Local funds may be used if the costs exceed \$1,000.

**Meals served:** A record of the menu actually served each day shall be maintained for each fiscal year's operation

#### **2. Food Cost and Inventory Control**

Each program shall use an adequate food cost and inventory system at each food preparation site facility. The inventory control shall be based on the first-in/first-out method (FIFO) and conform to generally accepted accounting principles. The system shall be able to provide food costs, inventory control records, and other cumulative reports on food and meal costs as requested.

For programs operating under annual unit-rate reimbursement contract, the value of the inventory on hand at the end of the fiscal year does not have to be considered. Each program shall be able to calculate the component cost of each meal provided according to the following categories

- Raw Food: All costs of acquiring foodstuff to be used in the program.

- Labor: Food Service Operations: All expenditures for salaries and wages, including valuation of volunteer hours, for personnel involved in food preparation, cooking, delivery, serving, and cleaning of meal sites, equipment and kitchens.
- Labor: Project Manager: All expenses for salary wages for persons involved in project management.
- Equipment: All expenditures for purchase and maintenance of items with a useful life of more than one year or with an acquisition cost of greater than \$5,000.
- Supplies: All expenditures for items with a useful life of less than one year and an acquisition cost of less than \$5,000.
- Utilities: All expenditures for gas, electricity, water, sewer, waste disposal, etc.
- Other: Expenditures for all other items that do not belong in any of the above categories (e.g. rent, insurance, fuel etc.) to be identified and itemized. Where a provider operates more than one meal/feeding program (congregate, HDM, waiver, catering, etc.), costs shall be accurately distributed among the respective meal programs. Only costs directly related to a specific program shall be charged to that program. See the Nutrition Budget Instructions Section for AAA 1-B policy and program requirements.

### 3. Nutrition Education

Each program shall provide or arrange for monthly nutrition education sessions at each meal site and as appropriate to home delivered meal participants. Emphasis should focus on giving the participant the information and tools to make food choices in relation to health and wellness, and to any chronic diseases they may have, including choices at the meal site, at home, and when they eat out. Educational sessions should be encouraging and informative, as well as encourage participants to take responsibility for the food choices they make throughout the day.

Topics shall include, but not be limited to, food, nutrition, and wellness issues. Nutrition education materials must come from reputable sources. Questions pertaining to appropriateness of materials and presenters are to be directed to the staff dietitian, regional dietitian, or Dietetic Technician, Registered (DTR). Program materials must take into consideration the level of literacy, living alone status, caregiver support, and translation of materials as appropriate for older adults with limited English proficiency. At least once per year, the following topics must be covered.

- a. How food choices affect chronic illness
- b. Food safety at home and when dining out
- c. Food choices at home
- d. Emergency preparedness- what to have on hand

Compliance with these standards will be part of the nutrition assessment completed by AAA 1-B.

#### 4. Staff and volunteers

Staff and volunteers of each program shall receive in-service training at least twice each fiscal year, which is specially designed to increase their knowledge and understanding of the program, and to improve their skills at tasks performed in the provision of service. Records shall be maintained which identify the dates of training, topics covered, and persons attending.

Staff and volunteers must undergo a background check (Operating Standards for Area Agencies on Aging (AAA) Indicator #7, Standard B-3, and Transmittal Letter #2012-253). This includes persons who are delivering meals at a special event, fundraiser, or any other occasion whereas they would only be delivering a few times. If a group of volunteers from a business or agency participates in the meal delivery representing that business or agency, arrangements must be made for the business or agency to certify that background checks have been completed for their employees, and only no/low risk employees have been cleared to participate.

Nutrition providers may waive the background check requirement for volunteers who are under the age of 18 and/or those who are packing meals or doing other activities that do not involve direct contact with a meal program participant and are under the supervision of nutrition provider staff and/or adult leaders.

#### Meals

On 5 or more days a week (except in a rural area where such frequency is not feasible, as approved by AASA) at least 1 meal per day, may consist of hot, cold, frozen, fresh, shelf stable foods and any additional meals as approved by the Area Agency on Aging 1-B (AAA 1-B) based on the needs of meal participants, and must conform to the most current edition of the USDA Dietary Guidelines for Americans (DGA) and the AASA Nutrition Standards. A minimum of 3 meals per week delivered is required in order to participate in the program. Meals are to be provided based on need and not convenience and all participants are to be assessed appropriately. Where meal services are provided less than five (5) days per week, the program shall identify and document the usual source of all meals for the participant not provided by the program and include the reason.

Commented [AD2]: Language revised.

- ~~• Person Centered Planning (PCP): Person Centered Planning involves participant choice. Participants in these programs can participate in both home delivered and congregate programs at the same time. Proper documentation must be kept as to the home delivered meal (HDM) schedule and the congregate schedule. A policy shall be established by the nutrition provider and approved by the AAA 1-B regarding participants who may be in both programs.~~
- ~~• Nutrition providers must use person-centered planning principles when doing menu planning. Food should be offered, not simply served. Choices should be offered as often as~~

possible. This extends to home-delivered meal participants also.

### Menu Development and Nutrient Analysis Guidelines

MDHHS and AASA encourage nutrition providers to operate nutrition programs for older adults that allow for choice and flexibility, while maintaining federal and state standards and requirements. The meals should include key nutrients and follow dietary recommendations that relate to lessening chronic disease and improving the health of older Michiganders. Diabetes, hypertension, and obesity are three of the most prevalent chronic conditions among all adults in Michigan. Special attention should be paid to nutritional factors that can help prevent and manage these and other chronic conditions. Menu development should include at a minimum:

- Use of written or electronic, standardized recipes
- Cycle menus are required for cost containment and/or convenience
- Menus for at least 3 months are to be submitted to AAA 1-B for review/approval process following the submission process outlined below

Submission Dates: Quarterly submissions  
September 1: October, November, December menus  
December 1: January, February, March menus  
March 1: April, May, June menus  
June 1: July, August, September menus

Each program shall utilize a menu development process, which places priority on healthy choices and creativity, and includes, at a minimum:

- Use of written or electronic, standardized recipes
- A variety of food shall be included in a (minimum) 20-day menu cycle. Menus are to be submitted annually (or as changes are made) and will be verified on assessment. Any changes to approved cycle menus must be approved by AAA 1-B prior to implementation. Seasonal changes must be submitted for approval. All nutrition providers must have a written procedure for revising menus after they have been approved. If providing second meals, the nutrition provider must submit the menu for review.
- Cycle menus must provide variety throughout the week
- If contractors utilize subcontractors as meal providers, the subcontractor must follow the same menu as the contractor. If the subcontractor chooses to utilize their own menu, the menu must be approved by a contractual Registered Dietitian and submitted to AAA 1-B for approval.
- Provision for review and approval of all menus by the regional dietitian who must be a registered dietitian, an individual who is dietitian-registration eligible or a Registered Dietetic Tech (DTR).
- Provision for review and approval of all menus by one of the following: A Registered Dietitian (RD) or an individual who is dietitian-registration eligible, or a Dietetic Tech, Registered (DTR). Nutrition provider must be able to produce nutrient analysis documentation at any time.
- The menu to be served must be posted in a conspicuous place at each meal site and at

Commented [AP3]: Moved to page 96 "Overview"

Commented [AP4]: Nutrition providers are now required to use a cycle menu effective October 1, 2019.

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each place the food is prepared. The program must be able to provide information on the nutrition content, food allergen content, and 1/3 of the DRI nutrients of menus upon request. The program must be able to provide information on the nutrition content and allergen info of menus upon request;

- Each meal served must meet the current United States Department of Agriculture/Health and Human Services Dietary Guidelines and at a minimum, must contain 33 1/3 percent of the current Dietary Reference Intakes (DRI) as established by the Food and Nutrition Board of the National Academy of Science National Research Council.
- Meal components meeting the 33 1/3 percent of the DRI must be offered if one meal is served per day. If two meals are served, meal components with 66 2/3 percent of the DRI must be offered, and if three meals are served, meal components with 100% of the DRI must be offered.
- Modified diet menus may be provided, where feasible and appropriate, which take into consideration participant choice, health, religious and ethnic diet preferences.
- A record of the menu actually served each day shall be maintained for each fiscal year's operation.
- Nutrition providers must be able to produce a nutrient analysis for a meal when requested by AASA, AAA 1-B, a participant, or a participant's family member or medical provider. All nutrition providers should purchase or have access to electronic nutrient analysis. Program cost is not to exceed \$1,000 of federal or state funds. Local funds may be used if purchase exceeds \$1,000. Nutrient analysis does not have to be listed on the menu.

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### **Michigan Food Code**

The nutrition program must operate according to current provisions of the *Michigan Food Code*. Minimum food safety standards are established by the respective local health department. Each program must have a copy of the Michigan Food Code available for reference. Programs are encouraged to monitor food safety alerts pertaining to older adults.

Each program, which operates a kitchen for food production, shall have at least one key staff person (manager, cook or lead food handler) complete a Food Service Manager Certification Training Program that has been approved by the Michigan Department of Agriculture. A trained and certified staff member is preferred, but not required, at satellite serving and packing sites. Please refer to your local Health Department for local regulations on this requirement.

The time period between preparation of food and the beginning of serving shall be as minimal as feasible. Food shall be prepared, held and served at safe temperatures.

Documentation requirements for food safety procedures shall be developed in conjunction with, and be acceptable to, the respective local Health Department.

The safety of food after it has been served to a participant and when it has been removed from the meal site, or left in the control of a homebound participant, is the responsibility of that participant.

***Purchased Foodstuffs***

The program must purchase foodstuff from commercial sources which comply with the Michigan Food Code. Unacceptable purchased items include home canned or preserved foods, foods cooked or prepared in an individual’s home kitchen (this includes those covered under the Cottage Food Law), meat from any animal not killed by a licensed facility, any wild game taken by hunters, fresh or frozen fish donated by sport fishers, raw seafood or eggs, and any unpasteurized products (i.e., dairy, juices and honey).

***Acceptable Contributed Foodstuffs***

The program may use contributed foodstuff only when they meet the same standards of quality, sanitation and safety as apply to foodstuffs purchased from commercial sources. Acceptable contributed foodstuffs include fresh fruits and vegetables, wild game from a licensed processor. A list of licensed processors can be found on the Michigan Department of Agriculture and Rural Development website.

***Standard Portions***

Each program shall use standardized portion control procedures to ensure that each meal served is uniform. ~~Standard portions may be altered at the request of a participant for less than the standard serving of an item or if a participant refuses an item.~~ At the request of a participant, standard portions may be altered for less than the standard serving size. A participant may refuse one or more items. Less than standard portions shall not be served to “stretch” available food to serve additional persons.

***Food Cost***

Each program shall implement procedures designed to minimize waste of food (leftovers/uneaten meals).

***Food Cost and Inventory***

~~Each program shall use an adequate food cost and inventory system at each food preparation facility. The inventory control shall be based on the first-in/first-out (FIFO) method and conform to generally accepted accounting principles (GAAP). The system shall be able to provide daily food costs, inventory control records, and monthly compilation of daily food costs.~~

~~For programs operating under a unit-rate reimbursement contract, the value of the inventory on hand at the end of the fiscal year does not have to be considered. Each program shall be able to calculate the component costs of each meal provided according to the following categories:~~

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**Commented [AP8]:** Changed location - moved up in document.

- ~~Raw Food: All costs of acquiring foodstuff to be used in the program.~~
- ~~Labor – Food Service Operations: All expenditures for salaries and wages, including valuation of volunteer hours, for personnel involved in food preparation, cooking, delivery, serving, and cleaning of meal sites, equipment and kitchens.~~
- ~~Labor – Project Manager: All expenses for salary wages for persons involved in project management.~~
- ~~Equipment: All expenditures for purchase and maintenance of items with a useful life of more than one year or with an acquisition cost of greater than \$5,000.~~
- ~~Supplies: All expenditures for items with a useful life of less than one year and an acquisition cost of less than \$5,000.~~
- ~~Utilities: All expenditures for gas, electricity, water, sewer, waste disposal, etc.~~
- ~~Other: Expenditures for all other items that do not belong in any of the above categories (e.g. rent, insurance, fuel etc.) to be identified and itemized. Where a provider operates more than one meal/feeding program (congregate, HDM, waiver, catering, etc.), costs shall be accurately distributed among the respective meal programs. Only costs directly related to a specific program shall be charged to that program. See the Nutrition Budget Instructions Section for AAA 1-B policy and program requirements.~~

**Nutrition Education**

Each program shall provide or arrange for monthly nutrition education sessions at each meal site and as appropriate to home delivered meal participants. Topics shall include, but are not limited to, food, nutrition, wellness issues, and food safety consumerism and health. At least once per year, the following topics must be covered in the monthly nutrition education. Educational material must come from reputable sources.

- ~~How food choices affect chronic illness~~
- ~~Food safety at home and when dining out~~
- ~~Importance of making wise food choices at home and~~
- ~~Emergency preparedness – what to have on hand~~

**Nutrition Services Contractors**

AAA 1-B may adjust the number of nutrition contractors to meet the needs of the AAA 1-B region.

**Volunteers**

Each meal program is encouraged to use volunteers, as feasible, in program operations. Background checks must be run on all volunteers. This includes persons who are delivering meals at a special event, fundraiser, or any other occasion whereas they would only be delivering a few times.

Each meal program is encouraged to use volunteers, as feasible, in program operations.

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**National Aging Program Information System (NAPIS)**

Each program shall develop and utilize a system for documenting meals served for purposes of NAPIS. Meals eligible to be included in NAPIS meal counts reported to the AAA 1-B are those served to eligible individuals, as described under respective program eligibility criteria, and which meet the specified nutritional requirements per meal.

The most acceptable of documenting meals is by obtaining signatures daily from participants receiving meals. Other acceptable methods may include, for example for home delivered meals, maintaining a daily or weekly route sheet signed by the driver which identifies the participant’s name, address, and number of meals served to them each day. A separate sign-in sheet and/or column shall be used for each meal served with signatures required daily.

For reporting meals in NAPIS categories, include the type of meal provided: hot, cold, liquid, shelf stable, or emergency.

**Intake Process**

Each program shall use a uniform intake process and maintain a NAPIS registration for each program participant. The intake process shall be initiated within one week after an individual becomes active in the program. Completion of NAPIS registration is not a prerequisite to eligibility and may not be presented to potential participants as a requirement.

Commented [AP10]: New language added.

**Nutrition Services Incentive Program (NSIP)**

The AAA 1-B and the nutrition program service providers are eligible to participate in the NSIP.

The purpose of the NSIP is to provide incentives to encourage and reward effective performance in the efficient delivery of nutritious meals to older individuals. The NSIP provides an allotment of cash to states for their nutrition programs based on the number of Title III-C meals served by the state that year, as reported in NAPIS.

The State of Michigan has elected to receive cash in lieu of commodities. NSIP cash is allocated to AAA 1-B based on the number of NSIP-eligible meals served in the previous year in proportion to the total number of NSIP-eligible meals served by all AAAs as reported through NAPIS. NSIP cash may only be used for meals served to individuals through the congregate meal program or home delivered meals program and must be used to purchase foods of U.S. origin.

Meals counted for purposes of NSIP reporting are those served that meet the Title III-C requirements and are served at a congregate or home delivered meal setting

- ~~are served at an adult day care that is contracted to be a congregate meal site~~

Meals that do not count toward NSIP funding include:

- ~~MI Choice Medicaid Waiver participants~~ Medicaid (MI-CHOICE Waiver) adult day care meals
- Adult day care meals for which Child and Adult Care Food Program (7CFR Part 226) funds have been claimed
- Meals funded by Title III E served to caregivers under age 60
- Meals served to individuals under age 60 who pay the full price for the meal
- ~~Liquid meals unless the liquid supplement is offered as part of a full meal that meets the one-third Dietary Reference Intakes (DRI)~~

**Product Liability Insurance**

Each nutrition program shall carry product liability insurance sufficient to cover its operation. If the provider utilizes a subcontractor to prepare their meals, then product liability insurance must be submitted for the subcontractor to AAA 1-B.

**Participant Donations**

Each program, with input from program participants, shall establish a suggested donation amount that is to be posted at each meal site and provided to home delivered meal program participants. The program may establish a suggested donation scale based on income ranges, if approved by AAA 1-B. Volunteers under the age of 60 who receive meals shall be afforded the opportunity to donate towards the cost of the meal received.

**Program Income**

Program income from participant donations must be used in accordance with the additive alternative, as described in the Code of Federal Regulations (CFR). Under this alternative, the income is used in addition to the grant funds awarded to the provider and used for the purposes and under the conditions of the contract. Use of program income is approved by AAA 1-B as a part of the budget process.

**Recording and Depositing Donations**

Each program shall be allowed to accept donations for the program as long as the following apply:

- The method of solicitation for the donation is non-coercive
- No qualified person is turned away for not contributing
- The privacy of each person with respect to donations is protected
- There are written procedures in place for handling all donations which includes the following at a minimum:
  - Provisions for sealing, written acknowledgment, and transporting of daily receipts to either deposit in a financial institution or secure storage until a deposit can be arranged; and
  - Reconciliation of deposit receipts and daily collection records by someone other than the depositor or counter.

**Commented [AP11]:** The content is the same. Just changed the format

**Food Assistance Programs**

Each program shall take steps to inform participants about local, state and federal food assistance programs and provide information and referral to assist the individual with obtaining benefits. When requested, programs shall assist participants in utilizing Supplemental Nutrition Assistance Program (SNAP, formerly known as “food stamps”) benefits as participant donations to the program.

**Vitamins and Dietary Supplements**

Programs shall not use funds from AASA (state and federal) to purchase vitamins or other dietary supplements.

**In-Service Training**

Staff and volunteers of each program shall receive in-service training at least twice each fiscal year which is specifically designed to increase their knowledge and understanding of the program and to improve their skills at tasks performed in the provision of service. Records shall be maintained which identify the dates of training, topics covered, and persons attending.

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**Participant Complaints**

Participants complaints should be referred to the nutrition provider that hosts the site, or manages the home delivered meals program. Each nutrition provider shall have a written procedure handling complaint that includes notifying the AAA 1-B program manager of the complaint and the resolution of the complaint. The nutrition provider and AAA 1-B program manager shall develop a plan for what type of complaints need to be referred to AAA 1-B

Commented [AP13]: Added language

**Emergency Plan**

Nutrition providers shall work with AAA 1-B to develop a written emergency plan. The emergency plan shall include, but not be limited to uninterrupted delivery of meals to home delivered meals participants, including but not limited to use of family and friends, volunteers, and informal support systems. Also included in the emergency plan is/are:

- A back-up plan for food preparation if usual kitchen facility is unavailable. The plan shall cover all the sites and HDM participants for each nutrition provider, including sub-contractors for the AAA 1-B nutrition provider.
- Agreements in place with volunteer agencies, individual volunteers, hospitals, long-term care facilities, other nutrition providers, or other agencies/groups that could be on standby to assist with food acquisition, meal preparation, and delivery.
- Communications system to alert congregate and home delivered meals participants of changes in meal site/delivery.

**Emergency Meals Kits:** A minimum of six (6) shelf-stable meals and instructions on how to use such meals must be part of the emergency plan for home delivered meals participants.

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Emergency shelf stable menus are approved through the AAA 1-B review process. Emergency shelf-stable meals are distributed to each new participant and are replaced as used within a reasonable time period. These meals must be documented on route sheets as a SHELF-STABLE meal when delivered and reported in NAPIS as the same. Every effort should be made to assure that emergency, shelf-stable meals meet the nutritional guidelines. Shelf stable meals must be individually packaged meals.

- MI CHOICE participants should receive the six shelf-stable meals which may be charged to OAA Title III- C2 (Home delivered meals)

Commented [AP15]: Edited to add state standard

The emergency plan shall be reviewed and approved by AAA 1-B and then be submitted to AASA for review.

Any situations (emergency or non-emergency) that prevent the scheduled distribution of HDM or provision of congregate meals on established serving days must be reported to AASA and the AAA 1-B program manager by completing the Meal Cancellation Report which can be found on <https://www.osapartner.net/MealCancellation/MealCancels.aspx>. The cancellation report must be submitted to AAA 1-B program manager by 9:00 am on the date of the actual closure or before.

#### ***Agreements***

~~A nutrition services provider may enter into an agreement with an agency operating a congregate and/or HDM site for that agency to receive NSIP funding for meals served to persons aged 60 and older, upon approval of AAA 1-B.~~

~~This agreement must be the AAA 1-B's standardized "Agreement for Receipt of Supplemental NSIP Cash Payment."~~

## AASA MEAL PLANNING GUIDELINES

### Menu Requirements Planning

Menus should be created that meet the following criteria:

- ~~Each meal shall provide, at a minimum, 1/3 of the DRI allowances established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences.~~
- ~~Meals may be presented hot, cold, frozen or shelf-stable and shall conform to the most current edition of the USDA Dietary Guidelines for Americans (DGA) and the AASA Nutrition Standards.~~
- Menu standards are developed to sustain and improve a participant's health through the provision of safe and nutritious meals using specific guidelines. These guidelines should be incorporated into all requests for proposals/bids, contracts and open solicitations for meals.
- The Older Americans Act requires that meal components meeting the 33 1/3 percent of the DRI must be offered if one meal is served per day. If two meals are served, meal components with 66 2/3 percent of the DRI must be offered.
- Nutrition providers must use person-centered planning principles when doing menu planning. Food should be offered, not served. Choices should be offered as often as possible. This is for both congregate and HDM participants. If possible, this should include offering alternatives for food allergies, digestive issues and chewing issues.
- Follow the five guidelines from the most current edition of the USDA Dietary Guidelines for Americans.
  - Follow a healthy eating pattern across the lifespan. All food and beverage choices matter. Choose a healthy eating pattern at an appropriate calorie to help achieve and maintain a healthy body weight, support nutrient adequacy, and reduce the risk of chronic disease.
  - Focus on variety, nutrient density, and amount. To meet nutrient needs with calorie limits, choose a variety of nutrient-dense foods across and within all food groups in recommended amounts.
  - Limit calories from added sugars and saturated fats and reduce sodium intake. Consume an eating pattern low in added sugars, saturated fats, and sodium. Cut back on foods and beverages higher in these components to amounts that fit within healthy eating patterns.
  - Shift to healthier food and beverage choices. Choose nutrient-dense foods and beverages across and within all food groups in place of less healthy choices. Consider cultural and personal preferences to make these shifts easier to accomplish and maintain.
  - Support healthy eating patterns for all. Everyone has a role in helping to create and support healthy eating patterns in multiple settings nationwide from home, to school to work to communities.
- Key recommendations from the DGA to consider when planning meals.
  - Consume a healthy eating pattern that accounts for all foods and beverages within an appropriate calorie level.
    - A variety of vegetables from all the sub-groups: dark green, red, and

Commented [AP16]: Same content, format adjusted.

- orange, legumes (beans), and starchy
  - Fruits: fresh, whole, canned (light syrup), dried, 100% fruit juice
  - Grains, at least half of which are whole grains
  - Fat-free, or low-fat dairy, including milk yogurt, and cheese
  - A variety of protein foods, including seafood, lean meats, and poultry, eggs, legumes, nuts, and seeds
  - Oils
- Nutrient-dense meals shall be planned using preparation and delivery methods that preserve the nutritional value of foods
  - Consume less than 10% of calories per day from added sugars
  - Consume less than 10% of calories per day from saturated fats
  - Consume less than 2300 grams of sodium per day (this may be averaged in your meal plans)
- The target for carbohydrate per meal is 75 grams. If the nutrition provider is following one of the suggested meal patterns from the Dietary Guidelines for Americans, listed below, the CHO grams should follow that pattern
- See “Suggested Meal Patterns” below for more information

Commented [AP17]: Added new language.

#### Fresh Foods

Increase the use of ‘scratch’ cooking and use fewer convenience foods when possible.

#### Desserts

Serving of *healthy* desserts can be part of a menu planning, though it is optional. Suggested desserts include, but are not limited to: fruit, fruit crisps with whole grain toppings, pudding made with milk, gelatin with fruit, low-fat frozen yogurt, Italian ices. Use of baked, commercial desserts should be limited to once per week. Fruit should be available at every meal to offer individuals a choice when a dessert is on the menu.

#### Beverages

Fluid intake should be encouraged, as dehydration is a common problem in older adults in conjunction with medication needs and decreased thirst.

- Congregate: Milk and water must be offered with every meal. Coffee and/or tea, or other beverages, are optional
- Home Delivered: Milk, or a milk substitute, must be offered with every meal. If requested, water shall be provided. Milk may be skim, 1%, 2%, full-fat, or chocolate.

**Special Occasion** or celebratory meals are allowed on a periodic basis. These meals do not have to follow the 1/3 DRI rule. The registered dietitian must have knowledge of the meal and grant approval it.

**Special Menus:** To the extent practicable, adjust meals to meet any special dietary needs of program participants for health reasons, ethnic and religious preference, and provide flexibility in

designing meals that are appealing to program participants.

Commented [AP18]: Moved up in document

### **Breakfast Meals**

Breakfast may include any combination of foods that meet the AASA Meal Planning Guidelines.

### **Fruits and Vegetables**

Increase the use of fresh or frozen fruits and vegetables, especially those high in potassium.

### **Style of Service**

Use the approach of offering foods rather than simply serving food.

### **Vegetarian Meals**

Meatless Vegetarian meals can be served as part of the menu cycle or as an optional menu choice based on participant preference, cultural and/or religious needs and should follow the AASA Meal Planning Guidelines to include a variety of flavors, textures, seasonings, colors, and food groups at the same meal.

- Plant sources include legumes (such as cooked dried beans) and protein sources from whole grains such as brown rice, whole wheat bread and pasta.
- Vegetarian meals are a good opportunity to provide variety, feature Michigan produce and highlight the many ethnic cultural or religious food traditions that use vegetables and grains in greater amounts at the center of the plate and in different combinations with fruits, vegetables, grains, herbs and spices for added flavor, calories, and key nutrients.

### **Breakfast Meals**

Breakfast may include any combination of foods that meet the AASA Meal Planning Guidelines.

### **Menu Changes**

Any changes in the approved menu must be submitted in writing and have prior approval from AAA 1-B.

Commented [AP19]: Moved up in document

### **Suggested Meal Patterns**

1. The Plate Method (<https://www.choosemyplate.gov/>) is the most preferred meal pattern.
2. The Healthy US Style Eating Pattern
3. The Healthy Mediterranean-Style Eating Pattern

Commented [AP20]: Added to document per state service standards

**MyPlate Food Groups** - Each meal should have the following food groups:

- Grain
- Vegetable
- Fruit
- Dairy
- Protein Foods

**AAA 1-B Meal requirements and serving sizes are listed below.**

MEAL REQUIREMENTS	SERVINGS PER MEAL	NOTATIONS
Grains	2 servings. At least half of all grains should be whole grain	Bread, cereal, oatmeal, rice, pasta, muffins, crackers
Vegetables	2 servings. 1 serving = ½ cooked vegetable or 1 cup raw	Fresh, frozen, or canned without added sodium. Non-starchy: broccoli, carrots, tomatoes, cauliflower, peppers, lettuce Starchy: corn, beans, peas, potatoes
Fruit	1 serving. 1 serving= ½ cup	Fresh, frozen, canned, juice. Juice must be 100% juice
Dairy	1 serving: 1 cup or equivalent measure	Encourage low fat or skim milk, yogurt, cottage cheese
Protein Foods	3 oz of cooked edible portion of meat, fish, eggs, or cheese	Beef, poultry, eggs, seafood, shellfish, cheese (imitation cheese is not acceptable)

**Serving Size** - refer to <https://www.choosemyplate.gov/> for examples of each meal component of the five foods groups.

Except to meet cultural and/or religious preferences and for emergency meals, avoid serving dried beans, nut butter or nuts, and tofu for consecutive meals on consecutive days.

To limit the sodium content of the meals, serve cured and processed meats (e.g., ham, smoked or Polish sausage, corned beef, dried beef) no more than once a week.

**Accompaniments**

Include traditional meal accompaniments as appropriate, such as condiments, spreads and garnishes. ~~Accompaniments should not be included in the nutritional analysis for determining 1/3 DRI. Examples include: mustard and/or mayonnaise with a meat sandwich, tartar sauce with fish, and margarine with bread or rolls. Whenever feasible, provide fat alternatives.~~

**Fats**

Minimize use of fats in food preparation. Fats should be primarily from vegetable sources in a liquid or soft (spreadable) form that are lower in hydrogenated fat, saturated fat, trans-fats and cholesterol.

**Desserts**

~~Serving of healthy desserts can be part of a menu planning, though it is optional. Suggested~~

desserts include, but are not limited to: fruit, fruit crisps with whole grain toppings, pudding made with milk, gelatin with fruit, low fat frozen yogurt, Italian ices. Use of baked, commercial desserts should be limited to once per week. Fruit should be available at every meal to offer individuals a choice when a dessert is on the menu.

### **Beverages**

Fluid intake should be encouraged, as dehydration is a common problem in older adults in conjunction with medication needs and decreased thirst. Milk and water must be provided/offered with every meal. Coffee and/or tea or other beverages are optional.

### **Special Menus**

To the extent practicable, adjust meals to meet any special dietary needs of program participants for health reasons, ethnic and religious preference, and provide flexibility in designing meals that are appealing to program participants.

**Special Occasion** or celebratory meals are allowed on a periodic basis. These meals do not have to follow the 1/3 DRI rule. The registered dietitian must have knowledge of the meal and grant approval it.

Commented [AP21]: Moved up in document

<b>Service Name</b>	Congregate Meals
<b>Service Number</b>	C-3
<b>Service Category</b>	Community/Nutrition
<b>Service Definition</b>	The provision of nutritious meals to older individuals in congregate settings.
<b>Unit of Service</b>	Each meal served to an eligible participant.

**MINIMUM STANDARDS**

**Eligibility Criteria**

Each program shall have written eligibility criteria that places emphasis on serving older individuals in greatest need and includes the following, at a minimum:

- Age 60 or older.
- A spouse under the age of 60 who accompanies an eligible adult to the meal site.
- Family members of an eligible adult who are living with a disability and permanently live with the eligible adult in a non-institutional setting.
- An unpaid caregiver who is under the age of 60 and is registered in the National Aging Programs Information System (NAPIS) and accompanies person being cared for to meal site.
- To be eligible for a donation-based meal, persons described in items b-d must, on most days, accompany the eligible adult to the meal site and eat the meal at the meal site.
- A volunteer under the age of 60 who directly supports meal site and/or food service operations may be provided a meal:
  - After all eligible participants have been served and meals are available
  - A fee is not required for volunteers under the age of 60, but contributions should be encouraged and accepted. The meals are to be included in NAPIS meal counts.
- Individuals with disabilities who are not older individuals but who reside in housing facilities occupied primarily by older individuals at which congregate nutrition services are provided may participate in the meal.
- Person-Centered Planning involves participant choice. Participants in the program can participate in both home-delivered and congregate programs at the same time. For example, a HDM participant may have a friend or family member that can take them to a congregate site one day per week, or on a random basis. Proper documentation must be kept as to the home delivered meal schedule and the congregate meal schedule. An agreement between AAA 1-B and the nutrition provider regarding participants who may be in both programs is encouraged. Participants using this option should be reminded to contact the HDM office to cancel their meal for the days they are at the congregate site.
- Programs shall utilize a system for documenting meals served for purposes of NAPIS. Documentation for individuals receiving meals must clearly separate eligible

participants from ineligible participants.

**Commented [AP22]:** No changes to eligibility criteria. Just cleaned up and reworded to match the language in the state service standards.

**Commented [AP23]:** Reworded to match state standard. No change in definition.

### Non-eligible Meals

At the provider’s discretion, persons not otherwise eligible may be served, if meals are available, and they pay the full cost of the meal. ~~At the provider’s discretion, a non-senior staff who directly supports meal site and/or food service operations may be provided a discounted meal. Such meals may be provided only after all eligible participants have been served and meals are available.~~ The full cost includes raw food, preparation costs, and any administrative and/or supporting services costs. Documentation that full payment has been made shall be maintained. Persons not eligible for a meal who pay the full price for a meal, and are 18 and over, must wait until all eligible persons have been served, unless the meal has been reserved in advance. The meals shall not be counted in NAPIS meal counts.

Children (under the age of 18) who accompany a meal participant who is over the age of 60, must pay full price, but may go through the line with the adult they are with.

**Commented [AP24]:** New language added.

### Home Delivered Meal Referrals

Each congregate nutrition provider shall be able to provide information relative to eligibility for home delivered meals and be prepared to make referrals for persons unable to participate in the congregate program, to those who appear eligible for a home delivered meals program.

### Congregate Meal Site Requirements

Each site shall be able to document:

- That it is operated within an accessible facility. Accessibility is defined as a participant living with a disability being able to enter the facility, use the rest room, and receive service that is at least equal in quality to that received by a participant not living with a disability. Documentation from a local building official or licensed architect is preferred. A program may also conduct accessibility assessments of its meal sites when utilizing written guidelines approved by AAA 1-B.
- That it complies with local fire safety standards. Each meal site must be inspected, by a local fire official, no less frequently than every three years. For circumstances where a local fire official is unavailable after a formal (written) request, a program may conduct fire safety assessments of its meal sites when utilizing written guidelines approved by AAA 1-B.
- Compliance with Michigan Food Code and local public health codes regulating food service establishments. Each meal site and kitchen operated by a congregate meal provider shall be licensed, as appropriate, by the local health department. The local health department is responsible for periodic inspections and for determining when a facility is to be closed for failure to meet Michigan Food Code standards. The program shall submit copies of inspection reports electronically on all facilities to the AAA 1-B within ten days of receipt. It is the responsibility of the program to address noted violations promptly.

### Serving Days and Number of Meals

Each provider, through a combination of its meal sites, must provide meals at least once a day, five or more days per week. Programs may serve up to three meals per day at each meal site.

#### **Meals per Day**

Each site shall serve meals at least three days per week with a minimum annual average of 10 eligible participants per serving day. If the service provider also operates a home delivered meals program, home delivered meals sent from a site may be counted towards the 10 meals per day service level. Waivers to this requirement may be granted by AAA 1-B only when the following can be demonstrated:

- Two facilities must be utilized to effectively serve a defined geographic area for three days per week.
- Due to a rural or isolated location, it is not possible to operate a meal site three days per week.
- Seventy-five percent or more of participants at a meal site with less than 10 participants per day are in great economic or social need. Such meal sites must operate at least three days per week.

#### **Site Establishment**

Congregate meal sites currently in operation by the program may continue to operate unless AAA 1-B determines relocation is necessary to more effectively serve socially or economically disadvantaged older persons. New and/or relocated meal sites shall be in an area which has a significant concentration of the over aged 60 population living at or below the poverty level or with an older minority or ethnic population comprising a significant concentration of the total over-60 population. AASA must approve, in writing, the opening of any new and/or relocated meal site prior to the provision of any meals at that site.

#### **Site Closure**

When a meal site is to be permanently closed, the following procedures shall be followed:

- The program shall notify AAA 1-B in writing of the intent to close a meal site on the electronic AAA 1-B Nutrition Site Change form available at [www.aaa1b.org](http://www.aaa1b.org).
- The program shall present a rationale for closing the meal site which is based on lack of attendance, inability to meet minimum standards and/or other requirements, loss of resources, or other justifiable reason.
- AAA 1-B shall review the rationale and determine that all options for keeping the site open or being relocated have been exhausted. If there remains a need for service in the area that was served by the meal site, efforts should be made to develop a new meal site and/or assist participants to attend another existing meal site.
- ~~AAA 1-B shall approve in writing the closing of all meal sites operating with funds awarded from AASA and notify AASA of all meal site closings. If a meal site to be closed is in an area where low income and/or minority persons constitute 25% or more of the population, or if low income and/or minority persons constituted more than 25% of meal participants served over the past 12 months, AASA must also~~

~~approve in writing the closing of the meal site.~~

- The program shall notify participants at a meal site to be closed of the intent to close the site at least 30 days prior to the last day of meal service.
- AAA 1-B shall complete the steps for closure in the AASA online database. The following information is needed to close a site and should be entered into the database
  - Rationale for closing the site
  - How participants will be notified
  - Closest meal site to the closed site and transportation options to get participants to the different sites.
- AASA will review the documents and the request to close the site. If approved, AASA will notify the requestor, the AAA 1-B, and field representative
- The site can be found at: [www.osapartner.net/congmeal/](http://www.osapartner.net/congmeal/)

#### **Emergency Preparedness Training**

Each program shall document that appropriate preparation has taken place at each meal site for procedures to be followed in case of an emergency including:

- Provision of an annual fire drill
- Staff and volunteers shall be trained on procedures to be followed in the event of a severe weather storm or natural disaster and the county emergency plan
- Posting and training of staff and regular volunteers on procedures to be followed in the event of a medical emergency

#### **Site Access, Maintenance and Security**

Each program shall have written agreements with the owners of all leased facilities used as meal sites. Written agreements are recommended for donated facilities, but not required. The agreements shall address at a minimum:

- Responsibility for care and maintenance of facility, specifically including restrooms, equipment, kitchen, storage areas and areas of common use
- Responsibility for snow removal
- Agreement on utility costs
- Responsibility for safety inspections
- Responsibility for appropriate licensing by the Public Health Department
- Responsibility for insurance coverage
- Security procedures
- Responsibility for approval of outside programs, activities and speakers
- Other issues as desired or required

#### **Posting Donation and Guest Fees**

Each program shall display, at a prominent location in each meal site, the AAA 1-B or the AASA Community Nutrition Services poster. A contractor may use its own poster if all required information is included and clearly presented. The poster shall contain the following information for each program:

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- Name and phone number of the nutrition project director
- Suggested donation for eligible participants
- Guest fee to be charged non-eligible participants
- A statement of non-discrimination identical to the language on the AASA poster

Additional information pertaining to the program shall not be displayed to cause any misunderstanding or confusion with information presented on the poster.

#### Assistive Eating Devices

Each program shall make available ~~store and or clean~~, upon request, food containers (assistive plates, bowls, cups) and utensils ~~used as assistive devices~~ for participants who are living with disabilities ~~as part of a therapeutic program~~.

#### Non-Approved Meals

Congregate meal programs receiving funds through AASA may not contribute towards, provide staff time, or otherwise support potluck dining activities, ~~or allow program foodstuff to be combined with foods brought in by participants.~~

Commented [AP25]: Added to service standard

#### Project Council

Each program shall have a project council, comprised of program participants, to advise program administrators about services being provided. Program staff shall not be members of the project council. ~~Project council minutes shall be maintained for review by AAA 1-B and communicated to participants as pertinent to the operation of the program to enhance quality of service and document service issues or changes impacting the program.~~ The project council shall meet at least once per year, in person, and notes from all meetings shall be shared with the AAA 1-B, as well as saved for future reference.

#### Temporary Meal Site Closings

If a meal site must be closed or moved temporarily, the nutrition provider must notify the AAA 1-B and AASA by using the online Temporary Meal Site Closure form. This form must be completed and submitted prior to the closing, or as soon as possible after the closing. A link to the form is located on the business partner site: [www.osapartner.net](http://www.osapartner.net)

Commented [AP26]: Added standard

#### Prayer

Older adults may pray before a meal that is at a site. It is recommended that each nutrition program adopt a policy that ensures that each individual participant has a free choice whether to pray either silently or audibly, and that prayer is not officially sponsored, led, or organized by persons administering the Nutrition Program or the meal site.

Commented [AP27]: Moved up in document

### Food Taken Out of Meal Site

Nutrition providers may allow leftovers (food served to participants and not eaten) to be taken out of the site if the following conditions are met:

- The local health department has no restrictions against it;
- A sign shall be posted near the congregate meal sign informing the meal participants that all food removed from the site becomes the responsibility of the individual that is removing the food.
- All new congregate participants receive written material about food safety and preventing food-borne illness when they sign up.
- All participants receive written material about food safety and preventing food-borne illness annually.
- The individual is required to sign a waiver statement that ~~should be added to the NAPIS form that~~ states the individual understands that they are responsible for food taken out of the site.
- Containers may not be provided through federal or state funds by the nutrition provider for leftovers.

Commented [AP28]: added

Commented [AP29]: Added wording to match state standard

Commented [AP30]: Added wording to match state standard

### Food Taken Out of Meal Site due to Illness

If a regular congregate meal participant is unable to come to the site due to illness, the meal may be taken out of the site to the individual for no more than seven (7) days. If needed for more than seven days, the participant should be evaluated for home delivered meals. If the person taking out the meal is also a regular congregate participant, they may also take their meal out.

### Off-Site Meals

When meals are served off-site that are part of an organized older adult site activity the following conditions shall be met:

- The activity must be sponsored by an aging network agency/group. (For example, Council/Commission on Aging, senior center, etc.)
- The sponsoring agency has worked with the nutrition provider to meet the nutrition standards
- The activity, including the meal, must be open to all eligible participants
- The take away meal must meet all the requirements of food safety and be foods that are low-risk for food borne illness
- Local health department rules and regulations, if any, supersede this standard and must be followed

- The meal site must provide written notification to the AAA 1-B program manager prior to the event for approval
- AAA 1-B program manager must inform the AASA field representative of the date, time, and sponsoring agency of the activity prior to the event. (Transmittal Letter #2008-167)

### Second Meal Option

Nutrition providers may elect to offer second meals (2<sup>nd</sup> Meal) at specified dining sites. A second meal must meet the AASA nutrition standards and is defined as a 1) shelf-stable meal, 2) a frozen meal, or 3) a meal that is low risk for food-borne illness. A congregate meal participant may qualify for a second meal if:

- The participant eats a regularly scheduled hot meal at the meal site
- The participant has requested a 2<sup>nd</sup> meal following the nutrition provider's process; (i.e. phone request, sign up in advance).
- The 2<sup>nd</sup> meal is given to the participant when they leave the congregate site and differs from a ready-to-eat hot meal served on site at breakfast, lunch or dinner.
- It must be stored properly until the participant is ready to leave for the day.
- The 2<sup>nd</sup> meal must meet AASA nutrition standards
- The 2<sup>nd</sup> meal is to be counted as a congregate meal in all record keeping.
- Donations may be accepted for 2<sup>nd</sup> meals.

**Commented [AP31]:** Same content, just changed the format to make it easier to read the requirements.

**Weekend Meal(s)-** Nutrition providers may elect to offer weekend meals at specified dining sites. A weekend meal must meet the AASA nutrition standards and is defined as 1) a shelf-stable meal, 2) a frozen meal, or 3) a meal that is low-risk for foodborne illness. A congregate meal participant may qualify for a weekend meal if:

- The participant eats a regularly scheduled hot meal at the meal site
- The participant has requested a weekend meal following the nutrition provider's process; (i.e. phone request, sign up in advance)
- Donations may be accepted for weekend meals
- The Weekend Meal is given to the participant when they leave the congregate site and differs from a ready-to-eat hot meal served on site at breakfast, lunch, or dinner
- It must be stored properly until the participant is ready to leave for the day
- The weekend meal must meet the AASA nutrition standards
- The weekend meal is to be counted as a congregate meal in all record keeping
- Arrangements for weekend meal pick up should be made with the nutrition provider/site manager in advance

**Commented [AP32]:** Already stated above

**Guidance on Soup and Salad Bars for Senior Meals Programs** - Nutrition contractors are encouraged to provide salad bars, which provide an opportunity to reach a broader base of participants.

Soup/Salad as a main meal	Must meet all nutrition standard requirements	Must do nutrition analysis
Soup/Salad bar as a part of a meal, i.e., vegetable or carb. (pasta choices)	Must meet nutrition requirement for the element it is used for	Must do nutrition analysis on element(s) included in meal
Soup/Salad bar as an addition to, or add on, to a regular meal	Does not have to meet nutrition standards or criteria	No need to do nutrition analysis

### Voucher Meals

Nutrition providers may develop a program using vouchers for meals to be eaten at a restaurant, café, or other food service establishment with the approval of the AAA 1-B program/budget approval process. The program must meet the following standards:

- The restaurant, café, or other food service establishment must be licensed, and follow the Michigan Food Code, and is inspected regularly by the local health jurisdiction
- The restaurant, café, or other food service establishment agrees to provide at least one meal that meets AoA and AASA nutrition standards for meals
- The restaurant, café, or other food establishment must be barrier-free and ADA compliant
- The nutrition provider and restaurant, café, or other food establishment must have a written agreement, submitted to the AAA 1-B program manager, that includes:
  - how food choices will be determined
  - how food choices will be advertised/offered to voucher holder
  - how billing will be handled [will a tip be included in the unit price, i.e. If the meal reimbursement is \$6.25, will \$.25 be used toward the tip?]
  - how reporting takes place (frequency and what is reported)
  - evaluation procedures
  - a statement that voucher holders may take leftovers home, and that they may purchase additional beverages and food with their own money
- A written plan must be developed, kept on file, and given to the AAA 1-B program manager, that includes consideration of the following items:
  - Location of the restaurant, café, or other food service establishment regarding congregate meal site locations
  - Establishment of criteria for program participation – how restaurant, cafe, or other food service establishments are selected to participate and how new establishments can apply to participate
  - How older adults qualify for and obtain their vouchers, i.e. senior centers, nutrition provider office, nutrition program representative

Commented [AP33]: Just changed the style of the bullets

- meets with older adults and the restaurant, café, or other food service establishment to issue vouchers and collect donations
  - How frequently menu choices will be reviewed and revised by the AAA 1-B dietitian
- Nutrition providers must allow older adults to use congregate meal sites and voucher programs interchangeably.

#### **Adult Foster Care and other Residential Care Participants**

Adult Foster Care (AFC) or other residential providers that bring their residents to congregate meal sites shall be requested to pay the suggested donation amount for meals provided to residents and staff 60 years of age or older. For those AFC residents and staff under the age of 60, the guest charge must be paid as posted at each meal site.

The congregate meal provider may request the AFC program to provide staff to assist the residents they bring with meals and other activities attended.

Adult Day Service (ADS) Programs may not be considered stand-alone congregate meal sites. An approved nutrition provider 'host' congregate meal site must partner with an ADS in order for the ADS to participate in an AASA/AAA 1-B funded congregate meal program.

- The nutrition provider may provide the meals to an adult day location either within the same building as an existing congregate site, or at a stand-alone site. The meal should be counted as part of the approved "host" congregate site.
- The nutrition provider must assure that "XX" amount of dollars of each ADS's daily (1/2 day, hourly, etc) participant fee will be given as a donation to the nutrition provider. (A written agreement should be in place detailing the amount and frequency of donations from the ADS to the nutrition provider).
- The nutrition provider and the adult day program can work out a schedule of how often the nutrition provider would receive the donations.
- Failure to follow the above requirements make the adult program meals ineligible toward NSIP funding.

Commented [AP34]: Updated standard

#### **Complimentary Programs/Demonstration Projects**

AAA 1-B and nutrition providers are encouraged to work together to provide programming at the congregate meal sites that include activities and meals. AAA 1-B and nutrition providers may conduct a demonstration project to assess the feasibility of alternate delivery systems for congregate meals, such as but not limited to,

- Providing a cold (box lunch) meal for persons that participate in an activity at the site that is not immediately before or after a scheduled mealtime.
- Mobile congregate sites that move to different locations to serv, also known as pop-up sites
- New meal options such as smoothies, vegetarian choices, and other non-traditional

foods.

Demonstration projects must be approved by AAA 1-B and AASA prior to implementation. All meals must follow the nutrition standards and menus must be submitted for review. The program shall notify AAA 1-B in writing of the intent to conduct such a program on the electronic AAA 1-B Nutrition Site Change form. Providers are to allow adequate time with a minimal 45-day notice for administrative review.

**Commented [AP35]:** Updated standard

<b>Service Name</b>	Home Delivered Meals
<b>Service Number</b>	B-5
<b>Service Category</b>	In-home/Nutrition
<b>Service Definition</b>	The provision of nutritious meals to homebound adults who are normally unable to leave their homes unassisted, and for whom leaving home takes considerable and taxing effort.
<b>Unit of Service</b>	One meal served to an eligible participant.

**MINIMUM STANDARDS**

**Person Centered Planning**

Each program shall have a written policy/procedure that covers integrating person centered planning into the home delivered meals program. This may include, but is not limited to:

- Allowing HDM participants to attend congregate meals sites when they have transportation and/or assistance to the site.
- Providing diet modifications as requested by the participant when the nutrition provider can do so while following AASA guidelines.

**Eligibility Criteria**

Each program shall have written eligibility criteria which places emphasis on serving older persons in greatest need and includes, at a minimum:

- Participant must be 60 years of age or older
  - ~~○ The spouse, partner, of an HDM eligible person, regardless of ages.~~
  - ~~○ The unpaid caregiver of an HDM eligible person including a family member under the age of 60 who provides full time care for an eligible person.~~
  - ~~○ An individual living with a disability who resides in a non-institutional household with a person who is eligible to receive home delivered meals.~~
- That to be eligible a person must be homebound; i.e., normally is unable to leave the home unassisted, and for whom leaving home take considerable and taxing effort. A person may leave home for medical treatment ~~support groups~~; or short, infrequent absences for non-medical reasons, such as a trip to the barber or to attend religious services; ~~visits with friends or family.~~
- That to be eligible a person must be unable to participate in the congregate nutrition program on a regular basis because of physical or emotional difficulties.
- That to be eligible a person must be unable to obtain food or prepare meals for themselves because of:
  - A disabling condition, such as limited physical mobility, cognitive or psychological impairment, sight impairment, or
  - Lack of knowledge or skill to select and prepare nourishing and well-balanced meals, or
  - Lack of means to obtain or prepare nourishing meals, or
  - Lack of incentive to prepare and eat a meal alone, or

- Lacks an informal support system: has no family, friends, neighbors or others who are both willing and able to perform the service(s) needed, or the informal support system needs to be temporarily or permanently supplemented.
- That the person’s special dietary needs can be appropriately met by the program, as defined by the most current version of the USDA “Dietary Guidelines for Healthy Americans”.
- That to be eligible a person must be able to feed himself/herself.
- That to be eligible a person must agree to be home when meals are delivered and contact the program when absence is unavoidable.
- At the provider’s discretion, persons not otherwise eligible may be provided meals if they pay the full cost of the meal. The full cost of the meal includes raw food, preparation costs, and any administrative and/or supportive services costs. Documentation that full payment has been made shall be maintained. Eligibility criteria shall be distributed to all potential referring agencies or agencies and be available to the public upon request.

#### Extended Eligibility

The nutrition provider and AAA 1-B should work together to determine if it would benefit the participant to provide a meal to another person in the home that does not meet the criteria in #1. These include the following.

- An individual, between the ages of 18-59, living with a disability who resides in a non-institutional household with a person who is an HDM participant may receive a meal
- A spouse, or other individual 18 or older, living full-time in the home may receive a meal if the HDM assessment finds that it is in the best interest of the HDM-eligible person (only if Title III-E funds are not available)
- An unpaid caregiver 18 or older, may receive a meal if the HDM assessment finds that it is in the best interest of the HDM-eligible person (only if Title III-E funds are available)

Commented [AP36]: State standard.

#### Assessment

Each program shall assess need for each participant within 14 days of initiating service. At a minimum, each participant shall receive two assessments per year, a yearly assessment and a six-month re-assessment, making the best effort possible to conduct them at 6 months and 12 months. The initial assessment and yearly assessment must be conducted in- person. The six-month re-assessment may be either in-person or a telephone assessment.

Commented [AP37]: Added state language

A telephone re-assessment may be used if the participant meets the following criteria:

- Participant can complete a telephone assessment by themselves, or with the assistance of a family member, caregiver or friend;
- Has no significant HDM delivery issues; and
- The HDM driver, delivery person, and family and/or caregivers have no significant concerns for the participant’s well-being.
- The nutrition provider may deem a participant not eligible for the telephone re-assessment at any time during participation in the program. In-person assessments will then replace the telephone re-assessment.

The program should avoid duplicating assessments of individual participants to the extent possible. HDM

programs may accept assessments and re-assessments of the participant conducted by case coordination and support programs, care management programs, other in-home service providers, home and community-based Medicaid programs, other aging network home-care programs, and Medicare certified home health providers. Participants with multiple needs should be referred to case management programs as may be appropriate.

If the HDM program is the only program the participant will be currently enrolled in, the assessment and re-assessments must, at a minimum, include:

#### Basic Information

- Individual's name, address and phone number
- Source of referral
- Name and phone number of emergency contact
- Name and phone numbers of caregivers
- Gender
- Age, date of birth
- Living arrangements
- Whether or not the individual's income is below the poverty level and/or sources of income (particularly Supplemental Security Income).

#### Functional Status

- Vision
- Hearing
- Speech
- Changes in oral health
- Prostheses
- Current chronic illness or recent (within past 6 months) hospitalizations

#### Support Resources

- Services currently receiving
- Extent of family and/or informal support network

#### Participant Satisfaction (re-assessment only)

- Participant's satisfaction with services received
- Participant's satisfaction with program staff performance

#### **Effective Utilization of Site Resources**

Each home delivered meal program shall demonstrate cooperation with other meal programs and providers and other community resources.

#### **Meals per Day Determination**

Each program may provide up to three meals per day to an eligible participant based on need as determined by the assessment. Providers are expected to set the level of meal service for an individual with consideration given to the availability of support from family and friends, changes in the participant's status or condition. This process must include person-centered planning, which may include allowing the participant to attend congregate meals when they have transportation and/or assistance to attend.

### **Serving Days per Week**

Each home delivered meals provider shall have the capacity to provide three meals per day, which together meet the dietary reference intakes (DRI) as established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences. Meals shall be available at least five days per week.

### **Liquid Meals**

Nutrition providers may also make liquid meals available to program participants when ordered by a physician. The AAA 1-B dietitian must approve all liquid meals products to be used by the program. The program shall provide instruction to the participant, and/or the participant's caregiver and/or participant's family in the proper care and handling of liquid meals.

Liquid supplements may be purchased with OAA Title III-C funds; however, liquid supplements may not be counted as a meal in NAPIS. Liquid supplements are a component of a meal, and may be requested by a participant, under the following conditions:

- a. A physician order, renewed every six months, stating the need for the additional supplement.
- b. A care plan for participants receiving liquid supplements with their meal should be developed in consultation with the participant's physician.
- c. A signed form, kept in the participant's file, indicating what parts of the meal the participant chooses to receive: beverage, main entrée, fruit, dessert, liquid supplement. The form must also include a statement acknowledging that the participant can reinstate any part of the meal at any time, upon request.

~~When liquid meals are the participant's sole source of nutrition, the following requirements must also be met.~~

- ~~• Diet orders shall include participant weight and be explicit as to required nutritional content;~~
- ~~• Diet orders must be renewed, by a physician, every three months;~~
- ~~• The care plan for participants receiving liquid meals shall be developed in consultation with the participant's physician.~~

**Person-Centered Planning:** HDM participants may elect to have all, or part, of the HDM delivered to them. Each nutrition provider should have a form that is updated every six months during the reassessment indicated if the participant has chosen to receive only part of the meal. The form should have the following, at a minimum:

- A statement that indicates that participant is choosing to opt out of the full meal, and then indicating which parts of the meal they would like
- A statement that the participant can opt back into the full meal at any time by notify the HDM office or telling the delivery people
- A signature, initials, or mark of the participant
- The form should be kept in the participant's file

**Home Visit Safety:** Assessors, HDM drivers, delivery people and other nutrition program staff are not expected to be placed in situation where they feel unsafe or threatened. Nutrition providers shall create a "Home Visit Safety Policy" that addresses verbal and physical threats made to the assessor (s), drivers, or other program persons, by participants, family members, pets (animals) or others in the home during the assessment.

This policy should include, but is not limited to:

- a. Definition of a verbal or physical threat
- b. How a report should be made/who investigates the report
- c. What actions should be taken by the assessor or driver if they are threatened
- d. What warnings should be given to the participant
- e. What actions should be taken for repeated behaviors
- f. What information gets recorded in the chart
- g. Situations requiring multiple staff/volunteers

#### **Assessment for Frozen Food Usage**

The program shall verify and maintain records that indicate each participant can provide safe conditions for the storage, thawing, and reheating of frozen foods.

- Frozen foods should be kept frozen until it is to be thawed for use.
- Frozen food storage should be maintained at 0 degrees Fahrenheit.
- Each nutrition provider shall develop a system by which to verify and maintain these records and provide participants with food safety training as part of the nutrition education requirement for the HDM program.
- Frozen meals, with the approval of the AAA 1-B program manager may be provided by programs to participants based on individual need or where hot meal distribution is not logistically feasible or under emergency situations.
- Frozen meals must meet the food safety criteria as specified under the Michigan food law.
- Nutrition information for reading labels, reheating meals, and food safety shall be made available to those who receive frozen meals.
- Route sheets to document the meals must state the meal was served as a frozen meal.

Each program shall develop and have available written plans for continuing services in emergency situations such as short-term natural disasters (e.g., snow and/or ice storms), loss of power, physical plant malfunctions, etc. Staff and volunteers shall be trained on procedures to be followed in the event of severe weather or natural disasters and the county emergency plan.

#### **Prioritizing Pre-Screen Process**

Each program must complete a prioritizing pre-screen for everyone placed on a waiting list for home delivered meals following AAA 1-B guidelines. See general operations standards for wait list criteria. Programs that develop their own criteria must have them approved in writing by the AAA 1-B program manager.