

## SECTION 304 - Nutrition Service Program Guidelines and Requirements

<b>304.1 SUMMARY STATEMENT</b>	<p>This section establishes requirements for Area Agencies on Aging and their subcontractors in the administration and provision of a comprehensive program of nutrition services to older adults.</p>
<b>304.1a SCOPE</b>	<p>These requirements apply to all congregate and home delivered nutrition services contracted and provided through or by the Area Agency on Aging, supported by any and all non-Medicaid sources of funding.</p>
<b>304.1b DEFINITIONS</b>	<p><u>Nutrition Assessment</u> An evaluation of nutritional status at a given point in time, which may include estimation of nutritional requirements and care plan with measurable goals.</p> <p><u>Nutrition Counseling</u> The provision of individualized guidance by a qualified professional on appropriate food and nutrient intakes for those with special nutrition needs, taking into consideration health, cultural, socioeconomic, functional and psychological factors. Nutrition counseling may include: advice to increase, decrease, or eliminate nutrients in the diet, to change the timing, size or composition of meals, to modify food textures, and/or to change the route of administration-from oral to feeding tube to intravenous.</p> <p><u>Nutrition Education</u> The provision of information about foods and nutrients, diets, lifestyle factors, community nutrition resources and services to people to improve their nutritional status.</p> <p><u>Nutrition Screening</u> The process of using characteristics known to be associated with nutrition problems to identify individuals who are nutritionally at risk.</p> <p><u>Therapeutic Diet</u> A diet ordered by a physician as part of treatment for a disease or clinical condition, or to eliminate, decrease, or increase specific nutrients in the diet.</p>
<b>304.1c</b>	<p>Each nutrition service program site shall be operated in compliance with all federal,</p>

<b>LAWS AND CODES</b>	state, and local laws and codes that govern facility operations, specifically related to fire safety, sanitation, insurance coverage, and wage requirements.
<b>304.2 CONGREGATE NUTRITION PROGRAM</b>	The congregate nutrition program promotes better physical and mental health for older adults through the provision of nutritious meals and opportunities for social contact. Congregate nutrition services shall be part of a system of services that promotes independent living for older adults.
<b>304.2a SERVICE OUTCOMES</b>	<p>At a minimum:</p> <ul style="list-style-type: none"> <li>• To identify persons at nutritional risk and/or with food insecurity and delay the decline in health/nutrition status through nutrition screening, assessment, and referrals;</li> <li>• To reduce identified nutritional risk and food insecurity among program participants through the provision of nutritious meals, education and counseling;</li> <li>• To reduce isolation of program participants through socialization.</li> </ul>
<b>304.2b SERVICE ACTIVITIES</b>	<ol style="list-style-type: none"> <li>1. The provision of meals and nutrition education in a group setting at a nutrition site, senior center, or multipurpose senior center, and ongoing outreach to the community;</li> <li>2. Access by participants to nutrition screening and assessment, nutrition education, and counseling on an individual basis, when appropriate;</li> <li>3. Access to the congregate site through transportation services;</li> <li>4. Shopping assistance;</li> <li>5. Health, fitness, and other educational programs; and</li> <li>6. Recreational activities.</li> </ol>
<b>304.2c ELIGIBILITY AND PRIORITY FOR SERVICES</b>	<p>Eligible persons are:</p> <ul style="list-style-type: none"> <li>• Aged 60 and over, or a spouse (regardless of age) of a person aged 60 or over;</li> <li>• Persons with disabilities who are residents of housing facilities occupied primarily by older adults at which congregate nutrition services are provided; or</li> <li>• volunteers, staff and guests age 60 and above (Approved conditionally upon AAA policies).</li> </ul>

	<p>AAAs shall give priority to those in greatest social and economic need, in conjunction with nutrition risk status, as indicated by the NSI checklist and high functional impairment levels, as documented on the DON-R instrument, and as indicated by the Food Security Survey.</p>
<p><b>304.2e MEAL SERVICE REQUIREMENTS</b></p>	<p>Nutrition service providers shall use procedures that provide for the safety, sanitation, accessibility and convenience of participants, and efficiency of service, and shall include the following:</p> <ol style="list-style-type: none"> <li>1. Using correct portion sizes (and utensils) as specified on approved menus;</li> <li>2. Adherence of staff and volunteers to food sanitation requirements, as prescribed by applicable Federal, State and local rules and regulations. County health departments have the right of amendment to add requirements to State rules and regulations. The higher of the two sets of standards shall apply;</li> <li>3. Taking and recording food temperatures daily to document that safe temperatures are maintained;</li> <li>4. To prevent cross-contamination, kitchenware and food-contact surfaces of equipment shall be washed, rinsed and sanitized after each use and following any interruptions of operations during which contamination may have occurred (Appendix 304-A includes instructions for making a sanitizing solution);</li> <li>5. Food shall be available to participants for at least 30 minutes after serving begins;</li> <li>6. Providers shall make available to people with disabilities food containers and utensils appropriate for their needs;</li> <li>7. After offering additional servings to participants if appropriate, program providers <i>may</i> donate unconsumed food products to other charitable community social service of public service organizations. Providers that make such donations shall obtain a “hold harmless” agreement from the receiving organization, that protects the provider from any liability (see Appendix 304-H “Hold Harmless Guidance”);</li> <li>8. Providers shall not arrange for or provide covered dish meals at nutrition sites or other locations, using any funds which are administered through the contract with the AAA to support the cost of such activities.</li> </ol>
<p><b>304.2f ALTERNATIVE MEALS</b></p>	<p>Picnic, special occasion, holiday and weekend meals must meet at least 1/3 DRI/RDA requirements and provide nutrient levels according to the Georgia Program Targets for adults aged 55 and over (Appendix 304-F); meet temperature</p>

	<p>requirements for hot and cold foods; and must be prepared in a commercial food service or on-site kitchen.</p> <p>Shelf-stable, dehydrated, chilled, and frozen meals must meet at least 1/3 DRI/RDA requirements and provide nutrient levels according to the Georgia Program Targets for adults aged 55 and over (Appendix 304-F); and applicable temperature standards. Package labeling must be legible and show the packaging date, list of food items, storage instructions, and instructions for preparation of safe thawing and reheating, or reconstituting.</p>
<p><b>304.2g</b> <b>FOOD STORAGE AND SAFETY</b></p>	<p>All rules and regulations governing food service stated by the Georgia Department of Public Health (290-5-14) shall apply for congregate and home delivered meal programs.</p> <p>See references section for web link.</p>
<p><b>304.2h</b> <b>HOLDING TIME</b></p>	<p>Providers shall assure that holding times for hot foods do not exceed four (4) hours from the final stage of food preparation until the meal is served to the participants, including delivery to the homes of home delivered meal participants.</p>
<p><b>304.2i</b> <b>NUTRITION OUTREACH</b></p>	<p>Providers shall conduct outreach activities with emphasis on identifying potential program participants who are among those in greatest social and economic need. Providers shall refer potential participants to the AAA for intake and screening, including administration of the NSI-D checklist, DON-R and Food Security Survey according to procedures developed by the AAA. AAAs may fund outreach activities through Older Americans Act Title III-B, Title IIIC-1 and C-2 and state funds.</p>
<p><b>304.2j</b> <b>NUTRITION SCREENING</b></p>	<p>Nutrition screening begins at the AAA with the administration of the Nutrition Screening Initiative DETERMINE (NSI-D) Checklist as part of the intake and screening process. The AAA may allow congregate meal sites with no waiting lists to perform initial applicant intake and screening directly. Congregate meal providers shall complete the checklist six months after services begin, and at a minimum, annually thereafter, or at any time a change in the participant’s condition or circumstances warrants.</p> <p>The AAA and provider(s) jointly (or case management, if used) shall develop protocols to assure that applicants/recipients whose NSI-D score is 6 or greater receive or are referred for:</p> <ul style="list-style-type: none"> <li>• a Level One Screening (or higher);</li> <li>• a comprehensive nutrition assessment, when indicated;</li> <li>• nutrition counseling, if indicated;</li> </ul>

	<ul style="list-style-type: none"> <li>• their primary health care provider(s) for follow-up; and</li> <li>• any other assistance or services needed</li> </ul>
<b>304.2k NUTRITION ASSESSMENT</b>	<p>Area Agencies and nutrition service providers are to work collaboratively to identify or develop resources for the provision of nutrition assessments for persons at high nutrition risk and/or those with low food security. Registered Dietitians and other qualified professional (example: DTR) may conduct nutrition assessments.</p>
<b>304.2l NUTRITION EDUCATION</b>	<p>Providers shall conduct nutrition education activities at each congregate nutrition site, as follows:</p> <ol style="list-style-type: none"> <li>1. Sessions shall be provided at least once monthly consisting of a session of not less than 15 minutes in length.</li> <li>2. Each provider shall develop written nutrition education programming, including a calendar, documentation of subject matter, presenters, and materials to be used, in accordance with requirements below.</li> <li>3. The RD may develop a single educational curriculum that may be used by multiple sites. The provider may develop curriculum, however the RD will review and approve all nutrition education content and materials.</li> <li>4. Providers shall assure that nutrition education content and materials are developed to be consistent with the nutritional needs, literacy levels, and vision and hearing capabilities, as well as the multi-cultural composition of participating older adults. Providers shall make available print materials that are sufficiently large (14 point or larger), use clear and common typefaces (such as Arial, Verdana, Georgia, or Times New Roman), and in language that is appropriate for the educational levels and cultural backgrounds of the participants.</li> <li>5. Each nutrition service provider shall maintain written documentation of programs presented to verify that the requirements are met.</li> </ol>
<b>304.2m NUTRITION COUNSELING</b>	<p>The AAA or provider (or case management, if used) shall develop protocols to determine those participants with special nutrition needs who would benefit from individual counseling and assure that such counseling is made available by qualified professionals.</p> <p>Individual counseling may not be indicated, regardless of the level of nutritional risk if the person would not benefit from the counseling due to:</p> <ul style="list-style-type: none"> <li>• cognitive impairments or otherwise could not participate in the development of a nutrition care plan, or</li> </ul>

	<ul style="list-style-type: none"> <li>the documented opinion of a social service or health care professional that the person would not comply with a nutrition care plan.</li> </ul>
<p><b>304.2n</b>  <b>TEMPORARY</b>  <b>HOME DELIVERED</b>  <b>MEALS FOR</b>  <b>REGISTERED</b>  <b>CONGREGATE</b>  <b>MEAL</b>  <b>PARTICIPANTS</b></p>	<p>Temporary home delivered meal service may be provided to registered congregate meal site participants who are ill, incapacitated, or temporarily homebound, at the discretion of the AAA. An additional provider assessment for home delivered eligibility is not required for this service. Funding for these temporary home delivered meals should be charged to the congregate meal program. When providing this service, only the meal cost and cost of delivery are to be included. An eligible homebound congregate meal participant may receive up to twenty (20) consecutive home delivered meals.</p> <p>Receipt of more than 20 consecutive home delivered meals shall require:</p> <ul style="list-style-type: none"> <li>an assessment of the individual’s need for continued home delivered meal service and</li> <li>their corresponding placement on the waiting list (if needed) and/or</li> <li>referral to gateway for additional resources (if appropriate).</li> </ul>
<p><b>304.2o</b>  <b>FACILITY ACCESS</b>  <b>AND SAFETY</b></p>	<p>All nutrition sites shall comply with the Americans with Disabilities Act requirements, and with any other relevant DAS standards or program requirements relating to access and safety. Facility requirements for senior centers which house congregate meal programs are found in Section 200, Chapter 206.</p>
<p><b>304.3</b>  <b>HOME DELIVERED</b>  <b>MEAL PROGRAM</b></p>	<p>The purpose of this program is to promote better health for older adults and eligible members of their households through the provision of nutritious meals; nutrition screening, education and counseling services, if indicated; and opportunities for social contact. Home delivered meal nutrition services shall be part of a system of services that promotes independent living for older adults and support for caregivers.</p>
<p><b>304.3a</b>  <b>SERVICE</b>  <b>OUTCOMES</b></p>	<p>At a minimum:</p> <ul style="list-style-type: none"> <li>To identify persons at nutritional risk and/or with food insecurity and delay the decline in health/nutrition status through nutrition screening, assessment, and referrals;</li> <li>To reduce identified nutritional risk and food insecurity among program participants through the provision of nutritious meals, education and counseling; and</li> <li>To reduce isolation of program participants through contact with program staff/volunteers.</li> </ul>

<b>304.3b SERVICE ACTIVITIES</b>	<p>Includes the provision of meals, nutrition screening, nutrition assessment, education and counseling to individuals and their caregivers in the home and appropriate referral to other services/resources.</p>
<b>304.3c ELIGIBILITY AND PRIORITY FOR SERVICES</b>	<p>Eligible persons are:</p> <ul style="list-style-type: none"> <li>• Aged 60 and over, who are homebound;</li> <li>• Persons who provide care to a dependent, or person with a disability, in the home to the extent that they cannot leave the person to attend a congregate site; or</li> <li>• Volunteers, staff and guests age 60 and above (approved conditionally upon AAA policies).</li> </ul> <p>AAAs shall give priority to those in greatest social and economic need, in conjunction with:</p> <ul style="list-style-type: none"> <li>• nutrition risk status, as indicated by the NSI checklist and</li> <li>• high functional impairment levels and unmet need, as documented on the DON-R instrument, and</li> <li>• as indicated by the Food Security Survey.</li> </ul> <p>Providers may offer a meal to the spouse/caregiver(s) of a homebound eligible person if the provision of the meal supports maintaining the person at home. Providers may also offer meals to the non-elderly, persons with disabilities, who reside in the household of an older adult (60 years or older) and are dependent on them for care.</p>
<b>304.3d SCHEDULE OF SERVICE</b>	<p>The service provider shall provide home delivered meals, at a minimum, in accordance with the Older Americans Act, Section 336, concerning Program Authorization. Individual meal service and frequency shall be followed based on the determined needs of the individual.</p>
<b>304.3e REQUIREMENTS FOR MEALS</b>	<p>Each meal shall comply with provisions in the Older Americans Act, Title III, Subpart 3, Section 339, concerning compliance with Dietary Guidelines for Americans.</p>
<b>304.3f MEAL TYPE</b>	<p>Hot, frozen, dehydrated, chilled, and shelf-stable meals shall be prepared and served in accordance with DAS requirements. The AAA will be responsible for assessing the ability of the home delivered meal recipient to store and prepare meals. Appendix 304-D contains instructions to determine appropriate meal type.</p>
<b>304.3g NUTRIENT</b>	<p>Nutrient content of meals is determined by the application of the Dietary Reference Intakes (DRI) guidelines and the Dietary Guidelines for Americans, including the</p>

<b>CONTENT</b>	<p>Food Guide Pyramid. Within the DRIs are the Recommended Dietary Allowances (RDAs) and Adequate Intake (AI) levels.</p> <p>The nutrient content of meals shall:</p> <ul style="list-style-type: none"> <li>• Provide a minimum of 1/3 of the RDA/AI and shall not exceed the Tolerable Upper Intake Levels (UIs) for targeted nutrients on average over the month.</li> <li>• If RDA/AI differs for men and women, the higher value will be used.</li> </ul> <p>See appendix 304-E, “Nutrient Values for Meal Planning and Evaluation”, and appendix 304-F, “Georgia Nutrition Program Nutrient Targets for Meals”.</p>
<b>304.3h MEAL PATTERN</b>	<p>Providers may choose to plan menus using the meal pattern(s) established by DAS, but must assure that meals meet the monthly average 1/3 of the DRI/RDA/AIs per appendix 304-E and 304-F.</p> <p>Appendix 304-G shows the <i>optional</i> meal pattern standards.</p> <p>Providers/vendors shall use standardized recipes which yield all requirements of the meal pattern.</p> <p>Food items chosen for each meal must vary daily, and must vary within the category of food.</p>
<b>304.3i NUTRIENT ANALYSIS</b>	<p>The provider shall obtain and maintain documentation of nutrient analysis for each meal per menu cycle. If the AAA allows the use of alternative protein sources, the procurement documents must clearly state how frequently alternative protein may be used on a monthly basis and to what degree.</p>
<b>304.3j MENU CYCLES</b>	<p>Providers shall develop at a minimum a twenty day (four week) menu cycle, which can be repeated during the quarter.</p>
<b>304.3k THERAPEUTIC DIETS</b>	<p>Therapeutic diets may be provided and may deviate from the standard menu pattern as required by the participant’s special needs and medical condition, providing:</p> <ul style="list-style-type: none"> <li>• The nutrition service provider obtains a physician prescription for each participant needing a therapeutic meal and maintains documentation of specific guidance on meal modification;</li> <li>• Appropriate foods and staff with the skills necessary to prepare therapeutic meals are available in the planning and service area; and</li> <li>• The therapeutic diet is planned in accordance with the Georgia Dietetic Association Manual and is submitted on a quarterly basis along with the regular menu.</li> </ul>

<p><b>304.3l</b> <b>MENU APPROVAL</b></p>	<p>A qualified dietitian shall certify menus in each cycle as meeting the dietary guidelines and providing recommended dietary allowances. The AAA shall submit copies of certified menus and nutrition analyses to the Division of Aging Services' Chief Nutritionist on a quarterly basis, at least two weeks before implementation.</p> <p>The provider shall request and document approvals by the AAA to substitutions or other menu revisions.</p> <p>The AAA shall assure that the services of a registered dietitian are available for menu review and certification. This dietitian shall not be employed by the commercial food vendor that provides meals for the planning and service area, if the provider subcontracts meal preparation.</p> <p>The certified menus are subject to the audit process and are to be retained for a minimum of six years, according to state record retention requirements.</p>
<p><b>304.3m</b> <b>MENU MONITORING</b></p>	<p>Each nutrition service provider shall retain on file each menu with meals as served, for monitoring purposes. If providing services at multiple sites, each site must have a copy of the menus with meals as served.</p>
<p><b>304.3n</b> <b>MEAL PACKING</b></p>	<ol style="list-style-type: none"> <li>1. Providers shall use supplies and carriers that allow for packaging and transporting hot foods separately from cold foods.</li> <li>2. Providers shall use meal carriers of appropriate design, construction, and materials to transport trays or containers of potentially hazardous food, and other hot or cold foods. Carriers shall be enclosed to protect food from contamination, crushing or spillage, and be equipped with insulation and/or supplemental sources of heat and/or cooling as is necessary to maintain safe temperatures.</li> <li>3. Providers shall clean and sanitize meal carriers daily or use carriers with inner liners that can be sanitized.</li> </ol>

	<p>4. Meals packaging, condiments, and utensils must meet the following criteria:</p> <ul style="list-style-type: none"> <li>• Be sealed to prevent moisture loss or spillage to the outside of the container;</li> <li>• Be designed with compartments to separate food items for maximum visual appeal and minimize leakage between compartments; and</li> <li>• Be easy for the participant to open or use.</li> </ul> <p>5. Providers must make every effort to provide assistive devices or modified utensils to persons who need them.</p>
<p><b>304.3o</b> <b>MEAL DELIVERY</b></p>	<p>Providers shall develop and implement procedures for assuring safe meal delivery in accordance with applicable food service and safety rules and DAS requirements for holding times. Meals shall not be left in coolers or other containers outside the house or dwelling as proper temperatures may not be possible in this environment.</p>
<p><b>304.3p</b> <b>NUTRITION OUTREACH</b></p>	<p>Providers shall conduct outreach activities with emphasis on identifying potential program participants who are among those in greatest social and economic need. Providers shall refer potential participants to the Area Agency for intake and screening, when appropriate, according to the procedures developed by the AAA. Outreach strategies and contacts will be documented.</p>
<p><b>304.3q</b> <b>NUTRITION SCREENING</b></p>	<p>Nutrition screening begins at the AAA with the administration of the Nutrition Screening Initiative DETERMINE (NSI-D) Checklist as part of the intake and screening process.</p> <p>The AAA and provider(s) jointly (or case management, if used) shall develop protocols to assure that applicants/recipients whose NSI-D score is 6 or greater receive or are referred for:</p> <ul style="list-style-type: none"> <li>• a Level One Screening (or higher);</li> <li>• a comprehensive nutrition assessment, when indicated;</li> <li>• nutrition counseling, if indicated;</li> <li>• their primary health care provider(s) for follow-up; and</li> <li>• any other assistance or services needed</li> </ul>
<p><b>304.3r</b> <b>NUTRITION ASSESSMENT</b></p>	<p>Area Agencies and nutrition service providers are to work collaboratively to identify or develop resources for the provision of nutrition assessments for persons at high nutrition risk and/or those with low food security. Registered Dietitians and other</p>

	<p>qualified professionals (example: DTR) may conduct nutrition assessments.</p>
<p><b>304.3s</b> <b>NUTRITION</b> <b>EDUCATION</b></p>	<p>Recipients of home delivered meal shall receive nutrition education at least once per month.</p> <p>Providers shall develop written nutrition education programming, outlining activities to be performed; identifying materials to be sent to the homes or participants and/or their caregivers.</p> <p>Nutrition education content shall address the nutritional needs of homebound older adults and be developed by a dietitian, county extension agent, home economist or other qualified source. All nutrition education shall be approved by a registered dietitian.</p> <p>Educational content may include advice on maintaining adequate personal nutrition status to caregivers of older adults.</p> <p>Providers shall make available print materials that are sufficiently large (14 point or larger), use clear and common typefaces (such as Arial, Verdana, Georgia, or Times New Roman), and in language that is appropriate for the educational levels and cultural backgrounds of the participants.</p> <p>Each nutrition service provider shall maintain written documentation of educational materials provided and monthly distribution lists to verify that the requirements are met. Providers shall also document telephone and/or home visit contact.</p>
<p><b>304.3t</b> <b>NUTRITION</b> <b>COUNSELING</b></p>	<p>The AAA or provider (or case management, if used) shall develop protocols to determine those participants with special nutrition needs who would benefit from individual counseling and assure that such counseling is made available by qualified professionals.</p> <p>Individual counseling may not be indicated, regardless of the level of nutritional risk if the person would not benefit from the counseling due to cognitive impairments or otherwise could not participate in the development of a nutrition care plan, or it is the documented opinion of a social service or health care professional that the person would not comply with a nutrition care plan.</p>
<p><b>304.3u</b> <b>CONDITIONS FOR</b> <b>REFERRAL TO</b> <b>OTHER SERVICES</b></p>	<p>When appropriate, service providers shall work with the AAA (or case management, if available) to refer participants to other service resources that may be able to assist with remaining independent and safe in the home, and/or to assist caregivers with maintaining their own health and well-being.</p>

<p><b>304.4 ADMINISTRATIVE RESPONSIBILITIES OF NUTRITION SERVICE PROVIDERS</b></p>	<p>All providers shall comply with all provisions for nutrition services contained in the Older Americans Act, as amended.</p>
<p><b>304.4a COMPLIANCE WITH OTHER LAWS AND REGULATIONS</b></p>	<p>Each provider agency shall use procedures that comply with all applicable state and local fire, health, sanitation, and safety laws and regulations. All food preparation, handling and serving activities shall comply with applicable requirements as found at 290-5-14 of the Administrative Rules and Regulations of the State of Georgia (website in References).</p>
<p><b>304.4b FOOD PRODUCTION</b></p>	<p>Nutrition service providers shall assure that food production is planned and managed using standardized recipes adjusted to yield the desired number of servings, and to provide for consistency in quality and the nutrient content of food prepared is documented.</p>
<p><b>304.4c PROGRAM AUTHORIZATION</b></p>	<p>Providers of congregate nutrition services shall use an advanced reservation system to determine the number of meals necessary for each day's service and inform participants of procedures for reserving meals.</p> <p>Providers shall serve eligible drop-in older adults and other unscheduled guests only after participants who have made reservations are served a meal.</p>
<p><b>304.4d PARTICIPANT RECORDS</b></p>	<p>The service provider shall maintain files in a form and format approved/accepted by DAS, including information that, at a minimum,</p> <ul style="list-style-type: none"> <li>• identifies regular participants;</li> <li>• documents individuals' eligibility for the program; and</li> <li>• contains instructions for emergency contacts and care preferences.</li> </ul> <p>All providers shall maintain any additional participant information as specified by DAS program policies and procedures.</p> <p>Files of participants served through the DAS contract are confidential and remain the property of the Department of Human Services. All participant files are subject to review and monitoring by the AAA, DAS and the federal granting agencies.</p>
<p><b>304.4e FOOD BORNE ILLNESS COMPLAINTS</b></p>	<p>The provider shall report to local health authorities within 24 hours of receiving complaints involving two or more persons with symptoms of food borne illness within a similar time frame after consuming food supplied through the nutrition service program. Providers shall report any complaints regarding food borne illness to the contracting AAA within two business days of receipt.</p>

<p><b>304.4f WEATHER-RELATED EMERGENCIES, FIRES, AND OTHER DISASTERS</b></p>	<p>The provider agency shall make facilities, equipment, and services available to the fullest extent possible in emergencies and disasters, according to the AAA regional emergency/disaster plan.</p> <p>The provider agency shall develop and implement written procedures to provide for the availability of food to participants in anticipation of and during emergencies and disasters, including contingency planning for delivery vehicle breakdowns, inclement weather, shortages in deliveries, food contamination, spoilage, etc.</p> <p>Minimum implementation guidelines include:</p> <ol style="list-style-type: none"> <li>1. Creating a functional matrix that plots out key emergency functions and responsible parties.</li> <li>2. Spelling out actions in the matrix that apply to events and hazards most likely to occur in the service area (natural and human-made events like weather emergencies, chemical spills, major power outages, disease outbreaks, etc).</li> <li>3. Specifying conditions for adapting the plan as needed to meet unforeseen circumstances.</li> <li>4. Planning for federal disaster takeover.</li> </ol> <p>The guidelines and sample plan from Meals On Wheels Association of America can be used.  <a href="http://www.mowaa.org/Document.Doc?id=38">http://www.mowaa.org/Document.Doc?id=38</a></p>
<p><b>304.4g MANAGEMENT AND OVERSIGHT OF THE NUTRITION PROGRAM</b></p>	<p>The provider shall identify an individual who is responsible for the overall management of nutrition services and compliance with performance standards, requirements, and procedures. This person, and any other employee(s) responsible to food service management, shall be ServSafe certified, as required by the state.</p> <p><a href="http://www.servesafe.com">www.servesafe.com</a></p>
<p><b>304.4h STAFF ORIENTATION AND TRAINING</b></p>	<p>The service provider shall assure that orientation and ongoing training for administrative and direct service staff and volunteers shall be adequate for provide safe, appropriate, and efficient services to older adults, and compliance with all applicable requirements and procedures. Providers shall document and maintain records of all content and dates of orientation and training for monitoring purposes. See appendix 304-B for topics required for training. Providers may offer additional topics.</p>
<p><b>304.4i HEALTH</b></p>	<p>It is the responsibility of the nutrition service provider to obtain required health inspections and certificates from the appropriate local health authorities, and post the</p>

<b>INSPECTIONS</b>	annual certificates in each facility.
<b>304.4j RECORD KEEPING AND REPORTING</b>	<p>Providers shall comply with all record keeping and reporting and retention requirements as prescribed by DAS in MAN5600, Section 3012. Documentation requirements specific to food service include, but are not limited to:</p> <ul style="list-style-type: none"> <li>• Daily records documenting persons who receive meals;</li> <li>• Meal counts or reports, including meals eligible for the Nutrition Service Incentive Program (NSIP);</li> <li>• Perpetual and physical inventory records for all foods, if meals are prepared on site;</li> <li>• Food cost records;</li> <li>• Documentation of daily temperature checks for congregate meals and bi-weekly checks for home delivered meals;</li> <li>• Documentation of daily meal reports;</li> <li>• Documentation of participant feedback, and the method used to obtain feedback on a routine basis.</li> </ul>
<b>304.4k CONTRIBUTIONS</b>	<p>Providers shall allow participants the opportunity to make voluntary contributions in support of the program, in a manner that protects their confidentiality.</p> <p>See Manual5600, Sections 2025, 2026, 2027, and 2028 for full guidance.</p>
<b>304.4m NUTRITION SERVICES INCENTIVE PROGRAM (NSIP)</b>	<p>The cash allotment made available by the United States Department of Agriculture (USDA) shall be used in accordance with the Older Americans Act and USDA policies and procedures. Meals provided through NSIP must meet all requirements of the former USDA cash reimbursement program and must be served to eligible participants. Meals eligible for NSIP funding are those that:</p> <ol style="list-style-type: none"> <li>1. Meet at least 1/3 of the DRI/RDA for each meal served, unless the meal has been modified for medical reasons, as prescribed by a physician;</li> <li>2. Are served to eligible individuals (refer to eligibility requirements earlier in the document); and</li> <li>3. Are served by a nutrition service provider that is under the jurisdiction, control, management, and audit authority of the State Unit on Aging, or the AAA.</li> </ol>
<b>304.4n</b>	Each nutrition program provider shall develop and implement an annual plan to

<p><b>PROVIDER QUALITY ASSURANCE AND PROGRAM EVALUATION</b></p>	<p>evaluate and improve the effectiveness of operations and services to ensure continuous improvement in service delivery.</p> <p>The evaluation process shall include:</p> <ul style="list-style-type: none"> <li>• A review of the existing program;</li> <li>• Satisfaction survey results from participants, staff, and volunteers;</li> <li>• Program modifications made that responded to changing needs or interests of participants, staff or volunteers; and</li> <li>• Proposed program and administrative improvements</li> </ul> <p>Each provider shall prepare and submit to the AAA annually (no later than September 30<sup>th</sup>) a written report that summarizes the evaluation findings, improvement goals, and implementation plan for each site.</p> <p>Providers that also operate senior centers shall incorporate the evaluation of the nutrition program into the annual senior center program evaluation.</p>
<p><b>304.4o MONITORING BY SERVICE PROVIDER</b></p>	<p>Each provider will monitor and document daily that temperatures of hot or cold food received from vendors are within acceptable ranges upon delivery to the site. Providers will monitor no less than twice per month and document the temperature of the last meal delivered on a given delivery route to assure that holding times, safe temperatures, and quality of meals are maintained. Providers shall select routes randomly for monitoring. Providers will maintain this documentation in accordance with DAS policy, MAN 5600, Section 3015.</p>
<p><b>304.4p INDIVIDUAL'S RIGHTS AND RESPONSIBILITIES AND COMPLAINT RESOLUTION</b></p>	<p>Nutrition service providers, including AAAs, if applicable, shall assure that participants, or their caregivers/representatives, receive written notice of their rights and responsibilities upon admission to the program, according to Manual5300, Chapter 202, General Service Requirements. For ongoing participants, the information may be provided at the next re-assessment.</p>
<p><b>304.5 AAA RESPONSIBILITIES FOR THE NUTRITION SERVICES PROGRAM</b></p>	<p>The AAA shall develop and implement any necessary additional policies and procedures for the following:</p> <ul style="list-style-type: none"> <li>• Compliance with the Older Americans Act, with regard to the older adult nutrition program</li> <li>• Program evaluation activities, including conducting periodic evaluations of assessment, reassessment and nutrition risk information for congregate and home delivered meals participants to assure that those persons in greatest need are being served and that desired outcomes are achieved</li> <li>• Verification that all providers comply with NSIP funding rules; only eligible</li> </ul>

	<p>meals are funded through NSIP; and that cash will be used to purchase only meals prepared from food grown or commodities produced in the United States.</p> <ul style="list-style-type: none"> <li>• The election to allow providers to provide meals to volunteers, guests, and staff</li> </ul>
<p><b>304.5a COMPLIANCE REQUIREMENTS</b></p>	<p>AAAs are responsible for:</p> <ol style="list-style-type: none"> <li>1. Assuring that all meals served meet requirements (see Requirements for Meals earlier in the document);</li> <li>2. Establishing procedures for consistent AAA management of waiting lists and communications with nutrition providers regarding referrals to and openings in the program;</li> <li>3. Assuring that service provider staff has made appropriate arrangements for providing meals in emergency situations or disasters, with emphasis on plans for providing services during periods of inclement weather, particularly to people residing in geographically remote areas.</li> </ol>
<p><b>304.5b STAFFING FOR NUTRITION PROGRAM CONTRACT MANAGEMENT DUTIES</b></p>	<p>The AAA shall designate one or more staff to manage the nutrition service contracts or obtain the services of consultants to coordinate with staff for the management of nutrition service contracts. The minimum qualifications for staff or consultants shall be:</p> <ul style="list-style-type: none"> <li>• Satisfactory completion of a DAS-approved course in food safety, food protection, or equivalent (ServSafe); or</li> <li>• Licensure through the state of Georgia as a registered dietitian.</li> </ul> <p>See Manual5600, Section 3014: AAA Contract Management Requirements</p>
<p><b>304.5c COMPLIANCE MONITORING</b></p>	<p>The AAA shall monitor each nutrition service provider and individual provider site at least once annually within the first six months of the contract year, placing additional emphasis on monitoring more often those sites that continue to demonstrate substantial non-compliance for the previous year, or new provider(s)/site(s).</p> <p>Monitoring forms provided from DAS are the preferred tool. If an AAA uses its own forms, all information on the DAS forms must be included.</p> <p>See Manual5600, Section 3015: AAA Monitoring and Evaluation of Service Providers</p>
<p><b>304.5d NEGOTIATION OF CONTRACTS</b></p>	<p>Using the Uniform Cost Methodology and principles or performance-based contracting to procure congregate and home delivered meal services, AAAs shall assure that potential subcontractors establish a base meal cost. AAAs shall base</p>

	<p>reimbursement rates on actual cash costs, excluding estimates of volunteer time, and the value of contributed goods and services. The base meal cost shall be the basis for negotiation between the AAA and any respondents to requests for proposals.</p> <p>Area Agencies may waive the use of the Uniform Cost Methodology by food vendors if the vendor provides a meal unit cost with similar food cost categories.</p> <p>Costs of services other than the base meal rate must be accounted for in other service categories.</p> <p>The AAA has the authority to renegotiate reimbursement rates during the contract period, based on documentation from the provider that identifies additional costs and the rationale for including any additional costs as necessary and reasonable to the provision of meals.</p> <p>See Manual5600, Section 3014: AAA Contract Management Requirements</p>
<p><b>304.5e</b> <b>PROGRAM</b> <b>PLANNING AND</b> <b>EVALUATION</b></p>	<p>The AAA shall use the NSI-D Checklist, DON-R and Food Security Survey data at a minimum, and any other relevant data, to identify and target nutrition services to at-risk populations. On an annual basis, the AAA shall analyze individual and cost data, in addition to compliance monitoring results, to identify necessary program improvements. The AAA shall involve the provider(s) in the evaluation process and provide written feedback regarding required corrective actions or program improvement initiatives.</p>
<p><b>304.5f</b> <b>AAA QUALITY</b> <b>ASSURANCE AND</b> <b>PROGRAM</b> <b>EVALUATION</b></p>	<p>Area Agencies shall assure that each nutrition program provider develops and implements an annual plan to evaluate and improve the effectiveness of operations and services to ensure continuous improvement in service delivery.</p> <p>The evaluation process shall include:</p> <ul style="list-style-type: none"> <li>• A review of the existing program (including retention rates);</li> <li>• Satisfaction survey results from participants, staff, and volunteers;</li>   <li>• Program modifications made that responded to changing needs or interests of participants, staff or volunteers; and</li>   <li>• Proposed program and administrative improvements.</li> </ul> <p>Each provider shall prepare and submit to the AAA annually (no later than September 30<sup>th</sup>) a written report that summarizes the evaluation findings, improvement goals, and implementation plan for each site.</p> <p>Providers that also operate senior centers shall incorporate the evaluation of the nutrition program into the annual senior center program evaluation.</p>

<p><b>304.5g</b> <b>TRANSFERS OF PROGRAM FUNDING</b></p>	<p>AAAs may transfer up to 30% of the funding between the congregate and home delivered meals program, and an additional 20% between the nutrition services program and supportive services, with approval from the Division, to assure that the Division does not exceed the transfer percentages in the aggregate. AAAs shall provide in the Area Plan/Update a description of the amounts to be transferred, the purpose, the need, and the impact on the provision of services from which funding will be transferred. AAAs may request waivers to transfer a larger percentage, with justification, and DAS may approve excess transfers, conditional on not exceeding the maximum percentage statewide.</p>
<p><b>304.5h</b> <b>FISCAL MANAGEMENT</b></p>	<p>Contractors providing nutrition services shall practice sound and effective fiscal management and planning, financial and administrative record keeping and reporting. Contractors will use the Uniform Cost Methodology to analyze, evaluate and manage the costs of the program on an annual basis.</p>
<p><b>304.6</b> <b>REGISTERED DIETITIANS</b></p>	<p>The AAA is responsible for assuring compliance with the Older Americans Act, which states that the nutrition program be administered with the advice of dietitians or individuals with comparable expertise. The AAA may employ directly the dietitian(s) or contract for consultation services.</p> <p>Nutrition service providers may also employ or contract the services of a dietitian in fulfillment of this requirement.</p>
<p><b>304.6a</b> <b>DUTIES OF THE DIETITIAN</b></p>	<p>Duties of the dietitian include, but are not limited to:</p> <ol style="list-style-type: none"> <li>1. <u>Menu Planning</u> The development of (or oversight of the development of) regular four week cycle menus (20 day minimum) which will change quarterly with consideration of input from program participants and staff. The dietitian shall convene quarterly menu planning meetings with senior center managers, individual representatives and on-site kitchen staff or commercial food vendor staff. The dietitian shall assure that the menus conform to DAS' nutrient content requirements.</li> <li>2. <u>Development of Standardized Recipes and Nutritional Analysis</u> The dietitian shall develop, select, and/or approve standardized recipes and provide full nutritional analysis for all proposed menus.</li> <li>3. <u>Nutrition Screening and Intervention</u> The dietitian shall assist the AAA staff in implementation of the NSI-D, including assisting with developing protocols and mechanisms to provide access to Level I Screening (or higher) and assessments, or referrals to appropriate health care providers for individuals identified as being at high nutritional risk. Upon reassessment, if there is no change to the NSI score, the dietitian will have the option, based on the individual's needs, to provide additional education and/or counseling.</li> <li>4. <u>Nutrition Education</u> The dietitian shall develop and/or disseminate approved nutrition education materials to food service personnel (for use with kitchen staff)</li> </ol>

and to senior center managers (for use with congregate and home delivered meals program participants).

5. Nutrition Counseling The dietitian shall provide, oversee and/or develop resources for the provision of individualized nutrition counseling for persons identified as being at high nutrition risk, including developing protocols for targeting individual groups and priorities for using available resources. The counseling may include referral to other services and assistance and follow-up. The dietitian shall coordinate service referrals with case managers, if present.

6. Training The dietitian shall develop and/or disseminate quarterly (or more frequently as needed) in-service training to on-site kitchen staff and senior center staff on such topics as: food sanitation and safety, portion control, special nutrition needs of older adults, and health related topics.

7. Program Monitoring, Planning, and Evaluation The dietitian shall oversee or assist as needed with the program monitoring and evaluation; the analysis of programmatic data; oversee or assist in the development of bid specifications; and oversee or assist in developing the Area Plan with regard to meal service and nutrition program initiatives. The dietitian will coordinate with Wellness Program staff, Care Coordinators, and other staff in the implementation and promotion of Wellness Program activities.

8. Technical Assistance The dietitian shall provide technical assistance in the areas of food service management and nutrition program management to AAA staff, nutrition program personnel and food service personnel. The dietitian will provide technical assistance to food vendors to offer flexibility and choices for program participants.

9. Quality Assurance It is the responsibility of the dietitian to assure that:

- Meals served in the OAA program meet the dietary standards.
- The vendor/provider has used standardized recipes.
- The menu items used for nutrient analysis and the food products provided to participants are the same.
- Program participants have an opportunity to provide input in the development of menus.

**REFERENCES**

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

Websites which may assist in the development of nutrition education materials include <http://www.livewellagewell.info/>, <http://www.uri.edu/ce/ceec/food/consumer.html> <http://extension.uga.edu/food/>

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Georgia Department of Public Health Rules and Regulations Governing Food Service  
<http://dph.georgia.gov/food-rules-and-regulations>

Full policy for the Department of Human Services Rules and Regulations for Food Service:  
[http://rules.sos.state.ga.us/pages/DEPARTMENT\\_OF\\_HUMAN\\_SERVICES/PUBLIC\\_HEALTH/FOOD\\_SERVICE/index.html](http://rules.sos.state.ga.us/pages/DEPARTMENT_OF_HUMAN_SERVICES/PUBLIC_HEALTH/FOOD_SERVICE/index.html)

ServSafe  
<http://www.servsafe.com>

MOWAA Disaster Planning Sample and Guide  
<http://www.mowaa.org/Document.Doc?id=38>

Dietary Reference Intakes Chart <http://fnic.nal.usda.gov/dietary-guidance/dietary-reference-intakes/dri-tables>

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## **Appendix 304-A**

### **Making a Sanitizing Solution**

## **SANITATION OF FOOD PREPARATION WORK AREAS AND EQUIPMENT**

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

### **Contact**

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

### **Selectivity**

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

### **Concentration**

The concentration of the sanitizing solution is a critical factor. In the case of chlorine bleach, the 2009 FDA Model Food Code(4-501.114) recommends a concentration of 25-100 ppm (parts per million) depending on the job to be done, the temperature of the water and the pH of the solution. Concentrations higher than necessary can create a safety hazard, cause taste and odor problems corrode metals and other materials and leave residues. The effectiveness of a chlorine bleach sanitizing solution diminishes with use. Therefore it is necessary to test the sanitizing solution using test strips. These are readily available from foodservice supply houses.

### **Temperature**

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

### **To Sanitize Work surfaces**

- After each use, especially after working with raw meat, fish or poultry, thoroughly wash with hot water and soap/detergent and rinse with warm water.
- Use a sanitizing solution of 1 teaspoon of liquid chlorine bleach to one gallon of warm water (at least 75°F) (200 ppm solution) with clean wiping cloth. (Note: solution should be changed often). Wiping cloths should be kept in the sanitizing solution. (Also, see note below)
- Another acceptable sanitizer is vinegar. Use at room temperature, spraying on surface and leaving for 10 minutes, OR heat vinegar to 150 degrees, spray on surface and leave for one minute. Wipe with cloth.
- Air dry.

### **To Sanitize Dishes, Glassware, Utensils, Pots and Pans**

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

## **To Sanitize Dishtowels, Dishcloths and Wiping Towels**

### *In the sink*

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

### *In the washing machine*

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

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

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

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

Sources: The University of Georgia Cooperative Extension Service, University of Rhode Island Cooperative Extension Service and FoodServiceSearch.Com, [http://www.foodservicesearch.com/food\\_safety](http://www.foodservicesearch.com/food_safety)

**Appendix 304-B**

**Basic Training Topics for Nutrition Program Staff**

## Training Topics

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

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

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

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

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

## Meats and Meat Alternates

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

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

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

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

<b>Portion Control Guide – Meats and Meat Alternates</b>	
<b>Food Item</b>	<b>Required Portion Size = 3 ounces = 1 M/MA</b>
Cottage Cheese 2 ounces by weight = ¼ cup = 1 M/MA	6 ounces by weight = ¾ cup
Chicken	1 drumstick and 1 thigh or ½ breast to equal 3 ounces
Chili, soups	Must serve at least 1½ cups containing 3 ounces of meat or meat alternate to provide one meal's protein requirement
Dried beans and peas, cooked	1½ cups
Eggs      One egg = 1 ounce	3 eggs
Lasagna, Macaroni and Cheese, Beef or other Meat Stew, Meat Casseroles	1½ cups
Meat Loaf   1 slice 2"x4"x2" = 4 ounces	4 ounces ( yield from a 20"x12"x2" pan = 33 servings)
Pizza      3¼" x 7" = 3 ounces M/MA	10 servings per 18"x26" pan 5+ servings from 12"x20" pan
Roast Meats	3 ounces
Sandwiches	
Sliced meats/cheese	3 ounces
Salad type fillings	3 ounces = ¾ cup filling
Spaghetti sauces with ground beef	1 cup
Tofu	4 ounces

Prepared Fish Products

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

Additional Information on Specific Products

**Canned Soups**

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

*For example: Bean soup or Pea Soup*

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

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

**Hot Dogs/Frankfurters**

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

1 ounce of product provides 1 ounce of cooked lean meat

Look for products labeled “All Meat,” “All Beef,” “All Pork.” etc.

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

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

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

## Luncheon Meat

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

Look for products labeled "All Meat."

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

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

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

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## Cheese Foods and Cheese Spreads

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

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

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

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

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

Fruits and vegetables may be served cooked, or raw, if properly washed, and may be served alone or in combinations. A serving is ½ cup or a single piece. If serving raw vegetables as a relish tray, each serving must be at least ¼ cup, and additional food items must be provided to fulfill the entire 1 cup requirement.

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

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

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

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

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

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

Pasta and Macaroni salads rarely contain sufficient vegetables to meet the requirement of a ½ cup serving. When serving these salads, include sufficient fruits and/or vegetables in the meal to provide a total of 1 cup. The macaroni may be considered the bread for the meal if ½ cup of the salad is served. (The total salad serving would be larger than ½ cup.)

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

Fruits and Vegetables	Portion – Total 1 cup minimum from two or more items
Canned or frozen fruits or vegetables	¼ cup = #16 scoop ½ cup = #8 scoop
Fresh fruit	½ cup = 1 medium piece
Juice, full strength	½ cup (4 ounces) served in a 5 or 6 ounce cup
Soups - canned, vegetable types	1 cup reconstituted or ready-to-serve = ¼ cup serving of vegetable
pea soup	1 cup = ½ cup vegetable
Tomato, Sauce	½ cup = ½ cup vegetable
Paste	2 Tablespoons = ½ cup vegetable
Pureé	4 Tablespoons = ½ cup vegetable

**Fruits and Vegetables, continued**

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

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

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

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

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

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

## Breads, Cereals, Rice and Pasta Group

### Whole Grain/Enriched Bread Requirement

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

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

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

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

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

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

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

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

## Bread and Bread Products

Include:

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

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

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

The following may not be used to meet the bread requirement

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

### Bread Equivalents

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

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

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

## Milk and Dairy Products

### Milk or Equivalent Products

Milk products are good sources of calcium, protein, and riboflavin. Fortified products also provide vitamins A and D. If milk is served, the use of skim or low fat milk and milk products is encouraged to help reduce the total fat in the meal.

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

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

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

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

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

### Milk and Milk Alternatives

8 ounces flavored or unflavored:

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

Other portion sizes required to meet calcium needs:

Cheeses:

- Ricotta, part skim --  $\frac{1}{2}$  cup
- Cottage, 1% fat --  $1\frac{1}{4}$  cup
- Cheddar, Monterey, Provolone, Swiss, Colby, Mozzarella, American –  $1\frac{1}{2}$  ounces\*
- Tofu, preserved in calcium sulfate --  $\frac{1}{2}$  cup

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

## Rich Sources of Calcium

### 200 – 300+ Mg per Serving

	Mg Calcium	Calories		Mg Calcium	Calories
<b>Dairy Products</b>			<b>Meat/Meat Alternatives</b>		
Buttermilk, 1 cup	285	99	<i>Seafood</i>		
Milk, Skim, 1 cup	302	86	Mackerel, canned Jack, 3 oz	202	131
Milk, 1%, 1 cup	300	102	Salmon, canned w/bones, 3 oz.		
Milk, 2% m l cup	297	121	Chum	212	120
Milk, whole, 1 cup	291	150	Sockeye	203	130
Milk, chocolate 2%, 1 cup	284	179	Sardines, canned, drained/bones		
Milk, nonfat dry, 1/3 cup	280	81	Atlantic, 3 oz.	351	192
Buttermilk, dry, ¼ cup	355	118	Pacific, 3.5 oz.	351	176
Milk, canned:			<b>Fruits/Vegetables</b>		
Skim, evaporated, ½ cup	369	100	Collard Greens, raw,		
Whole, evaporated, ½ cup	329	170	3.5 oz	203	40
<b>Cheeses</b>			<b>Desserts</b>		
Cheddar, 1 oz.	204	114	Custard pie, 6 oz. slice	297	305
Monterey, 1 oz.	212	106	Ice creams, soft serve, 1 c.	236	377
Provolone, 1 oz.	214	100	Ice Milk, soft serve, 1 cup	274	223
Ricotta, part skim, ½ cup	337	170	Pumpkin pie, 7 oz. slice	212	367
Swiss, 1 oz.	272	107	Yogurt, frozen, 1 cup	240220	
Tofu, firm, ½ cup	258	183			
Yogurt, plain low fat, 1 cup	452	127			
Yogurt, vanilla low fat, 1 cup	389	193			
Yogurt, fruit, low fat, 1 cup	231	231			

### 100 – 200 Mg Per Serving

	Mg Calcium	Calories		Mg Calcium	Calories
<b>Dairy Products</b>			<b>Meat/Meat Alternates</b>		
<b>Cheeses</b>			Beans, Baked, Homemade, 1cup	155	382
Cheddar, 1 oz.	174	106	Bean, canned, plain/vegetarian, 1 c.	126	235
Blue, 1 oz.	150	100	Beans, w/ pork, sweet sauce, 1 cup	155	282
Colby, 1 oz.	194	112	Beans w/ pork, tomato sauce, 1 cup	141	247
Colby, ½ oz.	138	164	Beans, Navy, (dry) cooked, 1 cup	128	259
Mozzarella, part skim			Beans, refried, canned, 1cup	118	270
1 cup	183	80	Beans, White (dried) cooked, 1 cup	131	253
Yogurt cheese, ¼ c.	179	56	Beans, Soy (dried) cooked, 1 cup	175	298
<b>Breads, Grains, Cereals</b>			<b>Seafood</b>		
English muffin, sourdough			Clams, canned, ½ cup	118	74
2 oz.	112	129	Salmon, canned w/ bones, 3 oz. (Pink)	182	130
fortified,			Oatmeal, instant,		
Plain, ¾ cup	163	104			
<b>Fruits/Vegetables</b>			<b>Desserts</b>		
Collard Greens, cooked			Fudgesicle, one	129	91
½ cup	152	29	Ice Cream, regular vanilla, 1 cup	176	269
Kale, 3 ½ oz. raw	179	38	Ice Milk, Hard, vanilla, 1 cup	176	184
Kale, cooked, ¾ cup	134	28	Puddings,		
Rhubarb, frozen			Chocolate, (instant or cooked) ½ cup	138	152
cooked, 1 cup	174	139	Coconut (instant) ½ cup	148	184
Swiss chard, cooked			Lemon (instant) ½ cup	147	178
Leaves, stems, 1 c.	106	26	Rice (mix) ½ cup	133	155
Leaves only, 1 c.	128	32	Tapioca (mix) ½ cup	131	145
Turnips, greens			Vanilla, ½ cup	130	148
cooked, 2/3 cup	184	20			

Rich Sources of Calcium, *continued*

**50 – 100 Mg per Serving**

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

**Appendix 304-D**

**Evaluation of Home Delivered Meals Participants  
for Appropriate Meal Type**

## Determining Appropriate Meal Types

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

Such meal types may not be appropriate if:

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

The Determination of Need-Revised (DON-R) assessment at the time of intake provides information about the person's functional abilities, specifically in the area of eating and meal preparation. It also provides indicators of possible cognitive impairment which may affect the person's functional capacity.

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

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

## Individual/Home Evaluation for Alternate Meal Types

Individual Name: \_\_\_\_\_ Evaluation Date: \_\_\_\_\_

Address: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Evaluation Completed By \_\_\_\_\_ Title \_\_\_\_\_

DON-R Scores and Comments:

### **Eating:**

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

Score 0-- The individual can eat, with or without an assistive device.

1-- The individual can eat, with or without an assistive device, but requires some verbal or physical assistance in some or all components of the activity.

2-- The individual cannot eat, even with an assistive device, and/or requires a great deal of verbal and/or physical assistance.

3-- The individual cannot perform any of the tasks of eating.

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

### **Need for assistance with eating**

Score 0-- The individual's need for assistance is met to the extent that there is no risk to health or safety if current level of assistance is maintained or no other assistance is added.

1-- The individual's need for assistance is met most of the time, or there is minimal risk to the individual's health or safety if additional assistance is not acquired

2-- The individual's need for assistance is not met most of the time; or there is moderate risk to the individual's health/safety if additional assistance is not acquired;

3-- The individual's need for assistance is seldom or never met; or there is severe risk to the health and safety of the individual.

Who, if anyone, is available to provide assistance? \_\_\_\_\_

How often will assistance be provided? \_\_\_\_\_

### **Preparing Meals**

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

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

Be specific about impairments \_\_\_\_\_

**Need for assistance with meal preparation**

If the individual scores at least (1) in this area, evaluate the appropriateness of the meal type being proposed.

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

Who, if anyone, is available to provide assistance? \_\_\_\_\_ How often? \_\_\_\_\_

**Equipment for Meal Preparation and Storage and Utensils**

The individual has in proper working condition:	<u>Yes</u>	<u>No</u>	<u>Not Needed for Meal Type</u>
Refrigerator	_____	_____	_____
Freezer or freezer compartment	_____	_____	_____
Oven	_____	_____	_____
Microwave	_____	_____	_____
Toaster Oven	_____	_____	_____

The individual has an adequate supply of:

Appropriate utensils for serving and eating	_____	_____	_____
Towels/Hot pads or mitts for handling hot food items	_____	_____	_____

The individual has an adequate amount of refrigerator/freezer space to store multiple meals if needed.

_____	_____	_____
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**Type of meal recommended: Hot \_\_\_\_\_ Shelf stable \_\_\_\_\_ Frozen \_\_\_\_\_ Chilled \_\_\_\_\_**

**Appendix 304-E**  
**Nutrient Values for Meal Planning and Evaluation**

**Definitions:**

- The Recommended Daily Allowance (RDA) is the average daily dietary intake level that is sufficient to meet the nutrient requirement for nearly all (97-98%) healthy individuals of a specified age range and gender.
- The Adequate Intake (AI) is the daily dietary intake level of healthy people assumed to be adequate when there is insufficient evidence to set an RDA. It is based on observed mean nutrient intakes and experimental data. The National Academy of Sciences recommends that the Adequate Intake be used if an RDA is not available.
- The Tolerable Upper Intake Level (UL) is the highest daily dietary intake that is likely to pose no risk of adverse health effects to almost all individuals of a specific age range.
- The Estimated Energy Requirement (EER) is defined as the dietary energy intake that is predicted (with variance) to maintain energy balance in a healthy adult of defined age, gender, weight, height and level of activity, consistent with good health.
- An Acceptable Macronutrient Distribution Range (AMDR) is defined as a range of intakes for a particular energy source (that is, carbohydrates, proteins, fats) that is associated with reduced risk of chronic disease while providing adequate intakes of essential nutrients. The AMDR is expressed as a percentage of total energy intakes because its requirement is not independent of other energy fuel sources or of the total energy requirement of the individual.

**Table 304-E-1 note:** RDAs are in **bold type** and AIs are in ordinary type, followed by an asterisk (\*).

<b>Nutrient Values for Meal Planning and Evaluation</b>			
	<b>1 meal/day</b> ≥33% RDA/AI	<b>2 meals/day</b> ≥67% RDA/AI	<b>3 meals/day</b> ≥100% RDA/AI
<b>Macronutrients</b>			
Kilocalories (Kcal) <sup>1</sup>	685	1369	2054
Protein (gm) <sup>2, 3</sup>	<b>19</b>	<b>37</b>	<b>56</b>
20% of total Kcal(gm) <sup>4</sup>	34	69	103
Carbohydrate (gm) <sup>5</sup>	<b>43</b>	<b>87</b>	<b>130</b>
50% of total Kcal (gm) <sup>4</sup>	86	171	257
Fat (gm)	23	46	68
20-35% of total Kcal (gm) <sup>6</sup>			
Saturated fat (< 10% of total Kcal) <sup>7</sup>		Limit intake <sup>8</sup>	
Cholesterol (<300 gm/day) <sup>7</sup>		Limit intake <sup>8</sup>	
Dietary Fiber (gm) <sup>3</sup>	10*	20*	30*
<b>Vitamins</b>			
Vitamin A** (ug) <sup>3</sup>	<b>300</b>	<b>600</b>	<b>900</b>
Vitamin C (mg) <sup>3</sup>	<b>30</b>	<b>60</b>	<b>90</b>
Vitamin D (ug) <sup>3</sup>	8*	16*	25*
Vitamin E (mg)	<b>5</b>	<b>10</b>	<b>15</b>
Thiamin (mg) <sup>3</sup>	<b>0.40</b>	<b>0.80</b>	<b>1.20</b>
Riboflavin (mg) <sup>3</sup>	<b>0.43</b>	<b>0.86</b>	<b>1.30</b>
Vitamin B6 (mg) <sup>3</sup>	<b>0.57</b>	<b>1.13</b>	<b>1.70</b>
Folate (ug)	<b>133</b>	<b>267</b>	<b>400</b>
Vitamin B12 (ug)	<b>0.79</b>	<b>1.61</b>	<b>2.4</b>
<b>Minerals</b>			
Calcium (mg)	400*	800*	1200*
Copper (ug)	<b>300</b>	<b>600</b>	<b>900</b>
Iron (mg)	<b>2.70</b>	<b>5.30</b>	<b>8.00</b>
Magnesium (mg) <sup>3</sup>	<b>140</b>	<b>280</b>	<b>420</b>
<b>Electrolytes</b>			
Potassium (mg) <sup>9</sup>	1167	2333	4700
Sodium (mg) <sup>7</sup>	<800	<1600	<2300

## Notes to Table 304-E-1

\*\* Vitamin A should be provided from vegetable derived (carotenoid) sources. See Issue Panel Report on Dietary Reference Intakes and Dietary Guidelines in Older Americans Act Nutrition Programs.

<sup>1</sup> Value for 75 year old male, height of 5' 7" , "low active" physical activity level. "Using Estimated Energy Requirements (EER) for Men and Women 30 Year of Age," calculated the median BMI and calorie level for men and subtracted 10 kcal/day (from 2504 kcal) for each year of age above 30.

<sup>2</sup> The RDA for protein equilibrium in adults is a minimum of 0.8g protein/kg body weight for reference body weight.

<sup>3</sup> Used highest DRI value for ages 51+ and male and female.

<sup>4</sup> Acceptable Macronutrient Distribution Ranges (AMDRs) for intakes of carbohydrates, proteins and fats area expressed as percent of total calories. The AMDR for protein is 10-35%, carbohydrate is 45-65%, and total fat is 20-35%.

<sup>5</sup> The RDA for carbohydrate is the minimum adequate to maintain brain function in adults.

<sup>6</sup> Because the percent of energy consumed as fat can vary greatly while still meeting daily energy needs, an AMDR is provided in the absence of an AI, EAR, or RDA for adults.

<sup>7</sup> Recommendations from the *Dietary Guidelines for Americans 2010*.

<sup>8</sup> *Saturated fats, trans fatty acids, and dietary cholesterol have no known beneficial role in preventing chronic disease and are not required at any level in the diet. The recommendation is to keep intake as low as possible while consuming a nutritionally adequate diet, as many of the foods containing these fats also provide valuable nutrients.* Institute of Medicine, Food and Nutrition Board. Dietary Reference Intakes for Energy, Carbohydrates, Fiber, Fat, Fatty Acids, Cholesterol, Protein, and Amino Acids. Washington, D.C.: National Academy Press, 2002

<sup>9</sup> National Research Council, Food and Nutrition Board, Recommended Daily Allowances, 10<sup>th</sup> Ed., Washington, D.C., National Academy Press, 1989.

**Appendix 304-F**

**Georgia Nutrition Program Nutrient Targets for Meals**

**Nutrient Targets:** Following are nutrient targets for each meal. Targets may be met as a monthly average, however all meals must meet the RDA per the Older Americans Act Title III C.

**Table 304-F-1**

<b>Nutrient</b>	<b>Target Value</b>
*Calories	650-750
*Protein	19 grams
*Fat	Up to 35% of total calories: 25.2 grams/650 calorie meal; 27.2 grams/700 calorie meal
*Saturated Fat	Up to 10% of total calories (7.2-7.7 grams)
*Calcium	400 milligrams
*Sodium	<1000 milligrams
*Potassium	1167 milligrams
*Magnesium	140 milligrams
*Zinc	3.7 micrograms
*Vitamin A	300 micrograms
*Vitamin B <sub>6</sub>	0.57 micrograms
*Vitamin B <sub>12</sub>	0.8 micrograms
Vitamin D	5 micrograms
Vitamin E	5 milligrams
*Folate	133 micrograms
*Fiber	≥ 8 grams
*Vitamin C	≥ 30 milligrams

\*Nutrient analysis should target at a minimum: calories, protein, fat (including saturated fat), calcium, sodium, potassium, magnesium, zinc, vitamins A, B<sub>6</sub>, B<sub>12</sub>, C, Folate, and Fiber.

**Appendix 304-G**

**Guidelines for Using the Updated Sample Meal Pattern**

**Standard Meal Pattern Requirements – Basic Meal Components**

<b>Food Group</b>	<b>Servings per Meal</b>	<b>Dietary Guidelines Servings per Day</b>
<b>Bread or Bread Alternate</b>	2 servings (1 cup pasta or rice); 2 slices of bread (1 ounce each) or equivalent combinations. Half of all grains must be whole grain products.	6-9 servings daily. Include several servings of whole grain (high fiber) food
<b>Vegetables</b>	2 servings: ½ cup or equivalent measure for cooked, 1 cup or equivalent for raw (may serve an additional vegetable instead of a fruit.)	3-4 servings daily. Include dark green, leafy, or orange vegetables; cooked dry peas and beans.
<b>Fruits</b>	1 serving: ½ cup or equivalent measure (May serve an additional fruit instead of a vegetable.)	2-3 servings daily. Include deeply colored fruits, such as orange fruits
<b>Milk or Milk Alternates</b>	1 serving: 1 cup (8 ounces) or equivalent measure	3 servings daily; select low fat products.
<b>Meat or Meat Alternates</b>	1 serving: 3 ounces or equivalent measure	2 servings daily, total of 6 ounces
<b>Fats</b>	1 serving: 1 teaspoon or equivalent measure	Select foods lower in fat, saturated fat and cholesterol. Limit total fat to 30% and saturated fat to 10% of calories.
<b>Dessert</b>	Varies.	Select foods high in whole grains, low in fat and sugars.
<b>Optional Beverages: Water, coffee, tea, decaffeinated beverages, fruit juices.</b>	8 ounces, minimum, according to seasonal preferences.	

**Following this meal pattern is not required.** It is a guide to use to meet the minimum nutrient targets outlined in Appendix 304-F. The updated sample meal pattern is based on the new DRIs for energy. The caloric requirement in the *2010 Dietary Guidelines* is 1600 – 2200 calories per day, thus the sample pattern provides approximately 685 calories per meal. The number of servings is based on U.S.D.A's *Food Guide Background and Development, Table %, Nutrient Profiles for Food Groups and Subgroup Composites*. These profiles represent the quantities of nutrients and other components that one can expect to obtain on average from one serving of food in each group. The updated sample meal pattern includes one additional serving of bread or bread alternate and an additional serving of vegetable or fruit. Serving sizes are based on the USDA's My Plate (<http://www.choosemyplate.gov/>).

The number of servings reflects an appropriate distribution of foods for the day, particularly for lunch and dinner meals. Servings from a food group may be combined as one large serving... For example, 2 servings from the bread or bread alternate group may be provided as two slices of bread for a sandwich or one cup of pasta or rice. They also could be provided as ½ cup pasta and one slice of bread.

**Guidelines on Meal Pattern** continued:

Likewise two servings of vegetable could be provided as ½ cup mashed potatoes and ½ cup of green beans or one cup total for either vegetable. The pattern provides the option of substituting one fruit serving for a vegetable serving and vice versa.

The updated sample meal pattern, although based on the food servings recommended in the Food Guide Pyramid, does not assure that meals provide at least  $\frac{1}{3}$  of the DRIs and the 2010 Dietary Guidelines. Meals are likely to require specific types of fruits and vegetables, whole grains and high fiber foods.

Because of the increase in the nutrient requirements, some meal program participants may have difficulty in consuming the amount of food required to meet the guidelines for one meal at one sitting. Vendors/providers should emphasize using nutrient dense foods, as well as fortified and enriched food products.

Another option may be to serve a midmorning snack in addition to the noon meal in a congregate meal site. The snack could consist of whole grain bread or fortified cereal, along with fruit or fruit juice and low fat milk.

**Using this meal pattern does not guarantee that the nutrient requirements will be met. A nutrition analysis must be completed to ensure nutrition compliance.**

**Appendix 304-H**  
**Hold Harmless Guidance**

**Hold Harmless**

You may have a hold harmless provision in a contract presented to you. You may also choose to include a hold harmless provision in a contract you present to others.

Definition of a hold harmless agreement: A contractual agreement whereby one party assumes the liability inherent in a situation, thereby relieving the other party of responsibility.

Purpose of a hold harmless agreement: To save another party from all legal consequences or from the outlay of any money for defense costs, damages, etc.

**Ultimately, a hold harmless agreement transfers the risk from one party to another.**

You should include a hold harmless provision in most contracts dealing with contractors or vendors.

Hold Harmless Sample: You should consult your attorney for specific language to meet your specific needs. Additionally, you should refer to your general liability policy for any specific requirements.

“To the fullest extent permitted by law, the (contractor/vendor) agrees to defend (including attorney’s fees), pay on behalf of, indemnify, and hold harmless the (entity), its elected and appointed officials, employees and volunteers and others working on behalf of the (entity) against any and all claims, demands, suits or loss, including all costs connected therewith, and for any damages which may be asserted, claimed or recovered against or from the (entity), its elected and appointed officials, employees, volunteers or others working on behalf of the (entity), by reason of personal injury, including bodily injury or death and/or property damage, including loss of use thereof, which arises out of or is in any way connected or associated with this contract.”

-Sample taken from page 16, Risk Transfer Manual, published by C.M. Althoff Co. 1999.

#### Mutual Hold Harmless Sample

Each party shall defend any third party claim against the other party arising from the death of or physical injury to any person or damage to the indemnified party's property to the extent proximately caused by the negligence of the indemnifying party or its agents or employees, and indemnify and hold harmless the other party and its respective officers, directors and employees from and against damages, liabilities and reasonable costs and expenses, including reasonable legal fees incurred in connection therewith.