

New Jersey Standards for the Nutrition Program for Older Americans

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New Jersey Department of Health & Senior Services

NJ Division of Aging and Community Services

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New Jersey Standards For the Nutrition Program for the Older Americans

Mission Statement

To provide nutritious meals and services, which are designed to promote independence, dignity, socialization, health and well being of the participants.

Definition of Nutrition Program for the Elderly

A program to distribute awarded federal grant funds to establish a network of community-based providers and sites to provide congregate and home delivered meals for persons 60 years of age or older, nutrition education, counseling, socialization opportunities and outreach services.

Purpose of Document

The New Jersey Department of Health and Senior Services, Division of Aging and Community Services Standards for the Nutrition Program for Older Americans are established to define statewide standards of administration, responsibility and practice in programs funded under the Older Americans Act of 1965 as amended (OAA) and under Area Plan Contract (APC) grants to the Area Agencies on Aging (AAAs) and community service providers.

Policies/Procedures

Written procedures are necessary for efficient program operation, maintaining continuity and avoiding misinterpretations. At a minimum, procedures covering the following topics must be developed and reviewed annually by the Nutrition Program in cooperation with the Area Agency on Aging.

- Personnel Policies including job descriptions (for staff and/or volunteers)
- Program Policy and Procedure Manuals
- Home Delivered Meal Program Standards
- Congregate Meal Program Standards
- Nutrition Education Standards
- Nutrition Counseling Procedures
- Food Service Standards
- Data Collection Standards including National Aging Program Information System (NAPIS) data and the use of the state designated electronic database Social Assistance Management System (SAMS).
- Interagency coordination

Nutrition Program Staffing

An adequate number of staff must be employed to provide administration and implementation of the program as required under the current amended Older Americans Act. An organizational chart showing paid and volunteer positions must be developed and/or included in grant agreements. A job description outlining responsibilities, minimum educational and experience requirements must be on file for each position. Staff development and training records must be maintained. Nutrition programs are equal opportunity providers and employers.

Required Positions

Project Director - Congregate/Home Delivered Nutrition Services

The project director should be a full-time employee who must be empowered with the necessary authority to conduct day-to-day management and administrative functions of the program. The director must uphold quality food service standards including adherence to Title III of OAA and NJAC 8:24-1, "Chapter 24 Sanitation in Retail Food Establishments and Food and Beverage Vending Machines" requirements. This includes supervision of all staff and volunteers within the project.

The project director's qualifications should include:

- Graduation from a four-year course at an accredited College or University.
- Three years of responsible professional experience in either a paid or volunteer capacity in social work, working with the elderly, public health, gerontology, psychology, community organization work, nursing home administration, nutrition, dietetics or food service management.
Note: Possession of a master's degree in any of the above fields may be substituted for one year of work experience.
- Broad knowledge of issues pertaining to older people, of community and State agencies and resources available to older people and of the methods of utilizing community resources for older people; current principles and techniques of program planning, budgetary control and personnel management.

Required Activities

- Administration, supervision, plan, conduct and evaluate staff/volunteer orientation and in-service training
- Maintaining statistical information, submitting required reports, preparing and monitoring Title III contracts
- Assures National Aging Program Information System (NAPIS) data is input into the state designated electronic database Social Assistance Management System (SAMS).
- Implementing, maintaining and monitoring of all purchased services and space; this may include negotiations with caterer/vendors and physical plant owners
- Fiscal management/fundraising and accountability
- Needs assessment/program development
- Public relations/marketing/outreach
- Participation in professional, interagency activities and associations on the community, county and state levels
- Assures Title III nutritional requirements are met and that nutrition education and counseling is done

Nutrition Program Staffing (continued)

Nutritionist

Each Area Agency/Nutrition Provider must employ or retain the services of a qualified nutritionist for congregate and home delivered meal programs, whose academic preparation and experience will provide the expertise necessary to address the required activities listed below.

The nutritionist qualifications should include:

- Three years of recent, relevant experience working with the elderly in a food and nutrition related capacity.

Note: Possession of a master's degree in foods, nutrition or institutional management may be substituted for one year of work experience

The nutritionist should also possess one of the following professional credentials:

- Registered Dietitian and a current member of the Academy of Nutrition and Dietetics (formally the American Dietetic Association)
- Graduate of an accredited college with a bachelor's degree in food and nutrition.
- Person who has successfully completed a NJ civil service exam for the job title of Project Nutritionist, Health; Nutrition Consultant I or II (Public Health Nutritionist I or II).

Required Activities

- Monitor the food preparation facility and the food service operation at the nutrition sites on a regular basis.
- Evaluation and monitoring of food safety in preparation, packaging, and delivery of congregate and home delivered meals. This shall include compliance with local, state and federal regulations, food safety, and evaluation of the nutritional adequacy of the meal served.
- Periodic home delivered route monitoring for acceptability of temperature, quality and food safety of home delivered meals as received in the participant's home.
- Make recommendations in the development of budget proposals as appropriate.
- Plan/review and certify culturally diverse menus (using computerized nutrient analysis) to insure that each menu meets the minimum nutritional standards, i.e. 1/3 Dietary Reference Intake (DRI) using males 51-71+ as reference and the current US Dietary Guidelines. Refer to table 1
- Develop/identify nutrition education materials and presentations relative to the needs of the elderly (homebound and congregate).
- Conduct, and/or coordinate nutrition education programs for participants at each site and distribute literature to homebound, at least quarterly.
- Plan, conduct/coordinate and evaluate in-service training for nutrition staff and volunteers at least annually.
- Assist in reviewing new facilities or planning the renovations of current facilities used for meal service or meal preparation to determine impact on food service.
- Provide individualized Medical Nutrition Therapy (homebound and congregate) a doctor's prescription is required. (Registered Dietitian only).
- Provide Nutritional Counseling (Individualized advice to those who require guidance regarding their diet).

Required Activities (continued)

- Provide in-home nutritional counseling for frail elderly requiring counseling services on a priority basis to enhance nutritional well being. Evaluation and nutrition counseling by a registered dietitian will enable the participant or caregiver to plan for other meals not provided by the program. For example, nutrition counseling is frequently necessary for recipients who present health problems such as hypertension, osteoporosis, diabetes, congestive heart failure, dental problems, or have inadequate cooking facilities and special diets. The assessment process should help identify the frail elderly participant requiring this level of nutrition counseling.
- Coordinate annual Nutrition Screening survey of clients.
- Follow the data collection requirements of the federal and state governments related to participants (NAPIS and USDA).
- Provide technical assistance to Area Agencies on Aging and nutrition service providers on food service practices, equipment facilities, programming, training and policy/procedures for food service.

Time Required

The director of the employing agency will determine how best to utilize the time and expertise of the nutritionist. Each nutritionist employed as a part-time consultant must sign a written agreement, which clearly specifies the number of hours to be worked and defines his/her specific responsibilities. The contracted time must be adequate to allow for the completion of the required activities. This information should be specified in the contract between the Area Agency on Aging and nutrition service providers.

Congregate Programs

The time required for a nutritionist will depend on the number of sites, number of congregate and home delivered meals served in the program, type of meal service, number of participants, logistics of the project, and the nutrition services to be provided.

Home Delivered Programs

It is the responsibility of the Area Agency on Aging to ensure that home delivered nutrition programs have regular consultation by a qualified nutritionist to ensure standards are met. The nutritionist may be an employee of the Area Agency on Aging or the nutrition service provider. Programs serving only meals to the homebound must have available regular consultation by a qualified nutritionist. As with the congregate program, the time required for the nutritionist will be dependent upon a number of factors including: the number of home delivered meals served, the type of meal preparation, the number of routes, and the number of frail elderly requiring nutrition counseling.

Site Manager – Congregate Programs

Each site should have a paid, responsible manager to assure program stability. Good management is necessary for a smooth running site that meets the needs of the participants. The site manager's job duties, areas of responsibility, line of authority and communication must be clearly defined in a job description.

The site manager must be provided/be made aware of the job description and specific knowledge and abilities required to perform essential functions. Volunteers may be assigned duties to assist the site manager in accomplishing the required duties.

Nutrition Program Staffing (continued)

Meal Production Staff

If the nutrition service provider has a central or on-site kitchen, a lead staff person must be designated. The additional number of kitchen employees needed will be determined by the number of meals, type of menu, available equipment, etc.

Staff Development & Training

All staff, paid and volunteer, must receive orientation prior to beginning work for the program. In addition, training to enhance job performance must be provided on a regular basis.

Required Staff Training Documentation

- The date and outline of the actual training
- The person conducting the training
- Summary attendance records for each employee.

Social Assistance Management System (SAMS)

AAAs are required to use SAMS for the following:

- For all Area Plan Contract (APC) data reporting, client tracking and all care management funded by and through Division of Aging and Community Services (DACS).
- For intake, screening individuals for community services, recording service delivery, client characteristics and managing the activities of the Aging and Disability Resource Connection (ADRC) business process.
- The system will be the single data system by which all AAAs report National Aging Program Information System (NAPIS) and ADRC data going forward.
- It is the responsibility of the Area Agency on Aging (AAA) to ensure their providers are using SAMS and entering data thoroughly and correctly. The AAA subcontract language may also contain this language as a requirement for receiving funding. Should the AAA choose not to require grantees to input their data directly into SAMS, it will be the responsibility of the AAA to enter the data.

Record Keeping

To establish and maintain a system for the collection of data that will accurately reflect the performance of the program and be used for administrative control. This data must be available for Area Agency and State review.

The following records must be initiated and maintained for a period of three (3) years from the date of expiration of the grant year or contract, unless indicated otherwise.

A. Congregate Nutrition Programs

1. Intake

By the end of the third visit, basic information for each participant should be obtained. **(It must be obtained by the end of the fifth visit.)** This includes name, address, phone numbers, contact person, emergency instructions, services needed, proof of age, i.e. date of birth, demographics and income data etc. This information is confidential and access will be limited to those approved by the project director. The use of, a State Unit on Aging, approved common assessment tool is required.

2. Attendance or Daily Sign-In Sheets

Any form that will document the number of meals served to: participants, including staff over 60; guests, including staff under 60; volunteers; the homebound and handicapped if appropriate (See PM 83-7 III-6). Participants must sign a daily attendance sheet to verify registration. This information must be accurate and maintained at the project office. A reservation system is recommended.

3. Daily Food and Supply Records

Detailed records must be maintained for each day of operation showing:

- Quantities – ordered, shipped, received, prepared, served or delivered on site
- Temperatures – shipped, received and served
- Quality of products, comment section
- Supplies – ordered, shipped and received
- Time – shipped, arrived, serviced
- Menus – served (Any deviation from approved menu must be recorded and reported to the project office)
- Signature (or initial) of receiving person
- Location – site identification
- Date

Records (continued)

4. Equipment Temperature Logs (i.e.)
 - Refrigerator, freezer and chill table logs
 - Thermometer calibration accuracy logs
 - Rethermalization oven reheat temperature log
5. Fire drill records
6. Personnel records shall be maintained for a minimum of three years. This includes time sheets, attendance records, training documentation, performance evaluations etc. for paid and volunteer staff.
7. Related Health Department inspection reports and placards (see section on Health Inspections and Technical Assistance of CEHS).
8. State Unit on Aging and Agency Program and Fiscal Reports
9. Contribution Records (as per PM 84 - 4, III-2)
10. Nutrition screening, education and counseling records *shall* be maintained for a minimum of three years.
9. Menus with corresponding nutritional analysis

B. Home Delivered Nutrition Services -Records

1. Needs Assessments
 - Client intake shall be completed by designated staff to determine participant eligibility and service needs prior to or within 10 days of initiating the service. Use of the common assessment tool adopted by the State Unit on Aging is recommended.
 - Reassessments must be completed within six-month intervals.
2. Nutrition screening, education and counseling records
3. Contributions Records (PM 84-4, III- 2)
4. Related Health Department inspection reports and placards
5. List of personnel including volunteers
6. Menus with corresponding nutrition analyses
7. Waiting lists shall be maintained to assist in determining the extent of program need in the service area and to identify service gaps.
8. Waiting list procedures shall be clear and include specific guidelines for prioritizing clients who are most in need. These procedures should be periodically reviewed by the nutrition service provider and the Area Agency on Aging.

9. Temperature Logs

- Delivery Truck Hot/ Cold vehicle temperature logs
- Last house delivery temperature logs
- Thermometer calibration accuracy logs
- Rethermalization oven reheat temperature logs

Food Service – Congregate and Home Delivered Standards

Goal

To provide meals that comply with the current Dietary Guidelines for Americans published by the Secretary of Health and Human Services and the Secretary of Agriculture which provide to each participating older individual, a minimum of 1/3 the DRI as established by the Food and Nutrition Board of the National Research Council of the National Academy of Sciences. Two meals served to the same individual must equal 2/3's the DRI; three meals must equal 100% of the DRI. (Table 1- Appendix)

Food handling must comply with NJAC 8:24-1, "Chapter 24 Sanitation in Retail Food Establishments and Food and Beverage Vending Machines"

Meal and Service Standards

A. Meal Planning

1. The menu must be analyzed using a State Unit on Aging - approved computerized nutrition analysis program. All menus must be reviewed, approved and certified by a qualified nutritionist employed by the Area Agency on Aging or Nutrition Service Provider. The Nutritionist's Quarterly Activities and Menu Certification Report must be prepared by the nutritionist and supplied to the Area Agency on Aging. The Area Agency on Aging must forward this report to the State Unit on Aging within ten (10) working days following the end of each quarter.
2. Cyclical menu planning is recommended. Menus with documentation as to nutrient content, based on the required use of standardized recipes, must be kept on file by the service provider for a minimum of three years.

B. The Food Service System: Congregate and Home Delivered Nutrition Services

The food service system can be one, or a combination of, contract vendor, central kitchen, or on-site kitchen.

1. General Requirements

- a. Food procurement from approved sources.
 - Foods must be purchased from licensed vendors
 - Donated food supplies must meet all applicable regulations as stated in NJAC 8:24-1, "Chapter 24 Sanitation in Retail Food Establishments and Food and Beverage Vending Machines" and where appropriate, the "Food Bank Good Samaritan Act." NJ S. A. 24:4A-1-4A-5 (L. 1982 c. 178).
- b. The amount of time between food preparation and serving must meet the guidelines established in JAC 8:24-1, "Chapter 24 Sanitation in Retail Food Establishments and Food and Beverage Vending Machines"
- c. Adequate dry, frozen, refrigerated storage areas.
- d. Approved washing/sanitizing practices in accordance with NJAC 8:24-1, "Chapter 24 Sanitation in Retail Food Establishments and Food and Beverage Vending Machines"
- e. Foods maintained at safe temperatures during preparation, holding and distribution:
 - Meal delivery routes should be planned and reviewed regularly with the delivery personnel to assure the expeditious use of manpower, vehicles and time. No delivery run should exceed two hours. The use of special heated/refrigerated vehicles and equipment may extend the delivery time as long as food quality and temperatures are maintained.

Food Service-Congregate and Home Delivered Standards (continued)

2. Contract Vendor (Catered)

There must be a written contract between the service provider/project and vendor, which establishes conditions, methods, responsibilities and food standards for the term of the agreement. This contract should include but not be limited to:

- Bidding procedures (if applicable)
- Penalties for inadequate service
- Records/facilities inspection rights
- Specifications for food, meal types (puree, kosher, vegetarian, shelf stable and special events) and disposable items
- General provisions for meal preparation and distribution
- Adequate preparation and transport equipment
- Staff background (of staff who will be assigned to the County's Nutrition Program for the Elderly
- Facility description
- Equipment list to be used in the contract
- References
- Quality assurance mechanisms
- Claims against contractor
- Maintenance
- Extermination
- Licensing
- Safe and sanitary handling of food in compliance with NJAC 8:24-1, "Chapter 24 Sanitation in Retail Food Establishments and Food and Beverage Vending Machines"
- Handling of emergencies (i.e. power failures, caterer equipment breakdown, etc.)

3. Central Kitchen and/or On Site Preparation

- a. Written Procedures - To assure adequate staffing, purchasing, meal preparation and distribution, the following should be included but not limited to:
- Staffing
 - Purchasing
 - Receiving
 - Storage/Inventory
 - Food Preparation
 - Distribution, Packaging, Transporting and Delivery
 - Maintenance
 - Cost Control
 - Safe and sanitary handling of food in compliance with NJAC 8:24-1, "Chapter 24 Sanitation in Retail Food Establishments and Food and Beverage Vending Machines"
 - Quality assurance mechanisms
- b. Equipment – The type and scope of the meal program will dictate the appropriate equipment for the operation. Many resources are available on interrelating kinds and sizes of equipment.

4. Home Delivered Meals

Home Delivered Meals routes must be monitored at least semi-annually for the palatability and temperature of the foods on arrival at the participant's destination. Documentation must be kept on file for three years. (See record retention.)

Written procedures for all aspects of the home delivered program must be developed and available for State review. These procedures will document resource acquisition and use as well as establishing how tasks are to be completed.

Emergencies

In order to protect the health and well being of participants, volunteers, and staff, the establishment of emergency preparedness and training for emergency situations is essential. Staff and volunteers must be trained in emergency procedures. Review and update emergency procedures with staff and/or volunteers at least annually and maintain appropriate documentation.

Congregate Program Implementation

The nutrition service provider is responsible for developing written procedures and designating a specific individual for initiating and implementing procedures for the following situations:

- Fire at site
- Medical emergency
- Emergency meal provisions for disaster or system failure. (Contact Emergency Management to coordinate planning).
- Weather related situations
- Transportation breakdown
- Food service emergencies (i.e. late food deliveries, inadequate quantities, food arriving out of temperature, poor food quality, personnel shortage)
- Food borne illness

All site managers or designated individuals must be trained to follow established emergency procedures.

- Training should include staff, volunteers and participants as appropriate.
- Prominently post emergency procedures and phone numbers at site.
- Review and update emergency procedures with staff, volunteers and participants at least annually and maintain appropriate documentation.
- Training in CPR, first aid, the Heimlich Maneuver or other medical emergency techniques is recommended for staff and/or volunteers

Home Delivered Program Implementation

1. The home delivered nutrition service provider is responsible for developing written procedures and designating a specific individual for initiating and implementing procedures for the following situations:

- Fire at meal distribution site
- Medical emergency
- Emergency meal provisions for disaster (Contact Emergency Management to coordinate planning)
- Weather related situations

- Meal delivery vehicle breakdown
- Food service emergencies (i.e., late food deliveries, inadequate quantities, food arriving out of temperature, poor food quality, personnel shortage)
- Food borne illness
- Driver/volunteer in-home emergency

Insurance

All Area Agencies should assure that the congregate and home delivered nutrition service providers have liability, comprehensive, product and accident insurance coverage.

Area Agencies should annually review the following insurance checklist with nutrition service providers:

- Product liability
- General liability
- Fidelity bonding
- Performance bonding
- Accidental auto insurance for project owned vehicles
- Fire, theft, comprehensive – buildings and project/county owned vehicles

Inspections and Technical Assistance of Consumer and Environmental Health Services (CEHS)

All food service establishments must comply with all applicable licensing laws and ordinances relating to food service operations. (NJAC 8:24-1, “Chapter 24 Sanitation in Retail Food Establishments and Food and Beverage Vending Machines”) Area Agencies on Aging receive additional inspection services for congregate and home delivered nutrition services through an intra-agency agreement between the NJ Division of Aging & Community Services and the Division of Epidemiology, Environmental and Occupational Health.

A. Evaluation/Inspections

State (CEHS) and/or local health department personnel will conduct routine unannounced operational inspections as often as deemed necessary and conduct follow-up inspections and/or initiate legal action when conditions warrant.

- a. An evaluation of the overall operation will be issued at the conclusion of the inspection. A copy of the inspection report must be signed by a project representative and left by the health department representative. A certificate will be signed and left with the operator.
- b. This certificate must be posted in a conspicuous place near the public entrance.
- c. The original inspection report must be kept on file at the facility for a minimum of two years. A copy of the inspection report may be made and kept on file at the Area Agency if desired.

Inspections and Technical Assistance of CEHS (continued)

B. New or Renovated Facilities Inspection

1. Plan Review and Approval
NJAC 8:24-1, "Chapter 24 Sanitation in Retail Food Establishments and Food and Beverage Vending Machines" requires all retail food establishments or facilities which are to be extensively renovated to submit plans and specifications for the design, layout and equipping of the food service to the local health department as well as obtain all necessary permits from the appropriate construction officials.
2. Pre-Operation Inspections for New/ Closed and/or Relocated Facilities
 - a. Pre-operational inspections should be requested of state health officials when a project plans to move into an existing food establishment without making renovations. The State Nutrition Consultant, Division of Aging & Community Services is the contact person for requesting state inspections. CEHS will be notified to conduct the inspections.
 - b. Evaluation of the facility will focus on availability of equipment, equipment for washing and sanitizing, equipment to maintain food temperatures, hand washing facilities, and other sanitation controls. *(form in appendix)*

C. Training and Technical Assistance

Sanitation Training

- a. Food handler's training for staff is required every two years. The Nutrition Program Director should determine which staff should participate in the training. (Contact local health departments for availability of training programs). This is recommended for all Risk Type 2 Food Establishments
- b. It is recommended that volunteer staff be knowledgeable in food safety policies and procedures.
- c. The State requires that at least one person in charge of a Risk Type 3 Food Establishment be a certified food protection manager who has shown proficiency of required information through obtaining a food safety certificate and passing a food safety certification examination administered by an accredited certifying program recognized by the Conference for Food Protection(ServSafe).

D. Contract Vendor Inspection

1. All contract vendors (i.e. wholesale caterers, commissaries, restaurants and other food production facilities) providing meals to nutrition programs must possess a food/cosmetic (FC license) issued by the DHSS. Meals provided by licensed health care facilities such as hospitals or long-term care facilities are not under the FC licensure.
2. These food production facilities will be inspected prior to awarding contracts upon written request from the nutrition service provider to the State Unit on Aging..
3. Any request for vendor's history should be requested from the New Jersey Division of Aging and Community Services.
4. Complaints regarding sanitary conditions or transportation methods including improper/inadequate food temperatures should be reported to the NJ Division of Aging and Community Services and will be investigated by the CEHS.

Inspections and Technical Assistance of CEHS (continued)

E. Food Borne Illness (reported incident involving two or more people who experience the same illness after eating the same food on the same day.)

1. Reporting

Nutrition projects, which suspect that a food borne illness may have resulted from food served at the facility or to home delivered meal clients, must report the incident to State and local Health Departments as well as the State Unit on Aging. See NJAC 8:24-1, “Chapter 24 Sanitation in Retail Food Establishments and Food and Beverage Vending Machines”

2. Necessary information to be reported:

- Menu served
- Suspected food
- Number of people involved
- Names and addresses of people
- Symptoms
- Time and meal service
- Medical treatment
- Other pertinent information (i.e. temperature records from the caterer and in-house temperature records)

3. Investigation

- a.** The State and local Health Departments will coordinate the investigation and report their findings to the Division of Aging and Community Services, Area Agency on Aging, the service provider and the vendor (if appropriate).

Monitoring

It will be the responsibility of the Area Agency on Aging to monitor nutrition providers and nutrition programs that are directly provided. The purpose of the monitoring is to ensure compliance with the Nutrition Standards, evaluate provision of service, and arrange for/ provide technical assistance as needed. A copy of the monitoring report shall be furnished to the Nutrition Program. Records of monitoring visits conducted by the Area Agency on Aging will be made available to the State Division of Aging and Community Services representatives reviewing and monitoring nutrition services.

Nutrition providers funded under the Area plan Contract are required to be monitored a minimum of twice per contract year-one visit to specifically address the Congregate Nutrition Program and the other to focus on the performance of the Home Delivered Nutrition Program.

The State Division of Aging and Community Services will be responsible for monitoring nutrition services of all 21 Area Agencies on Aging focusing on the overall performance of the Nutrition Program . A report summarizing findings will be furnished to the Area Agency on Aging.

Target Groups

Every effort should be made to increase the participation of low income, isolated, frail and minority elders in congregate and home delivered nutrition programs. Limited resources necessitate giving primary consideration to those non-institutionalized individuals with the greatest need.

Implementation

- The nutrition provider, in cooperation with the Area Agency on Aging, should analyze service utilization data to determine current participation of target groups.
- Nutrition providers should identify target groups and address the needs of the most vulnerable and frail elderly participants in the service area.
- Nutrition providers with the Area Agency on Aging will identify agencies to work with to help locate frail and under-served elderly.
- Nutrition providers should partner with agencies to serve the most vulnerable, frail participants and target groups.
- Nutrition providers shall define and develop appropriate programs tailored to the needs of target groups and vulnerable, frail participants. Efforts should include:
 1. Placing more services in neighborhoods with high concentrations of low income and/or minority older persons or persons in greater social or economic need.
 2. Programs shall be culturally relevant, provided in the language spoken by the majority of clients attending the program.
 3. When possible, ethnic menus should be designed to meet the needs of the various cultures of the program participants.
 4. Develop creative outreach activities to locate target population.

Coordinated Program and Activities

Because of its importance in maintaining or improving the health status of the elderly, nutrition screening and education are priorities.(See required activities of the nutritionist) Other activities that stimulate the mind, body and spirit to help contribute to overall wellness are encouraged.

Services include:

- Nutrition providers, in cooperation with Area Agencies on Aging, will participate in partnerships both public and private to enhance coordination of services for older adults and cover any costs
- The nutrition provider, in cooperation with the Area Agency on Aging and other entities, will develop and provide a variety of recreational, informational and/or health related programs and activities. A monthly calendar outlining the activities scheduled at each location shall be made available.
- Annual participant satisfaction surveys are recommended.
- Information and Assistance and Outreach are essential services that should be made available through nutrition programs in conjunction with the Area Agency on Aging.

Nutrition Education

1. Programs for Congregate Nutrition Education

- a. An educational program shall be provided quarterly by a nutritionist. (can be an outside nutritionist) Written information should be provided with nutrition education programs. The nutritionist should be available to answer questions.
- b. Documentation of nutrition education by topic, dates, and attendance must be maintained. (See records.)
- c. Individual nutrition counseling should be available and is the responsibility of the nutritionist.

2. Programs for Home Delivered Nutrition Education

- a. Nutrition and consumer education materials should be sent out quarterly to all participants.
- b. The nutritionist must approve all materials provided.

Transportation Services/Access

The Area Agency on Aging should develop written agreements to provide transportation for the elderly participating in nutrition programs. Because nutrition is a life sustaining service, priority should be given to provide access to nutrition services with emphasis given to low income and minority elders.

APPENDIX

Table1. Dietary Reference Intakes for Older Americans

Nutrients ¹	Male 51-70+ (females)	1/3 DRI-males (females)	Compliance Range (weekly averages)
Macronutrients			
Calories ²	2100/day (1900/day)	700 (634)	650- 950
Carbohydrates ³ 50% of Kcals	263g/day (238g/day)	88g (80g)	50% of Calories
Protein 20% of Kcals	105g/day (95g/day)	35g (32g)	20% of Calories
Fat 30% of Kcals	70g/day (64g/day)	24g (22g)	30% or less of Calories
Fiber	25g/day (20g/day)	8g (7g)	7g or higher
Minerals And Vitamins			
Calcium*	1200mg/day	400 mg	400 mg or higher may require personal supplementation- please consult your health practitioner
Magnesium	420 mg/day (320mg/day)	140 mg (107 mg)	110mg or higher
Potassium*	4.7g/day	1.6g/day	1200 mg or higher
Sodium*	1.3g/day 1.2g/day	434 mg 400 mg	1200mg or less (most days of the week) 1500 mg accepted occasionally (Limit processed smoked or cured meats to no more than once per week (smoked ham, sausage, cold cuts, hot dogs, etc.)
Zinc	11mg/day (7mg/day)	3.7 mg/meal (2.4 mg)	2.4-3.7 mg
Vitamin A	900 ug/day (700ug/day)	300 ug (233 ug)	250 ug or higher
Vitamin C	90mg/day (75mg/day)	30 mg (25 mg)	25mg or higher
<i>Vitamin D</i> ⁴	10 ug/day 15 ug/day	3.33 ug 5 ug	3.33ug-5ug/meal may require personal supplementation- please consult your health practitioner
B6	1.7 mg (1.5mg/day)	0.57 mg (0.5 mg)	0.5 mg- 0.57 mg/ meal
Folate	400 ug/day	134 ug	
B12	2.4 ug/day	0.8ug	may require personal supplementation- please consult your health practitioner

¹ Recommended Dietary Allowances(RDAs) are in **bold type** and Adequate Intakes (AIs) are in ordinary type followed by an (*)

² Values for estimated energy requirement (EER) used 75 years, height of 5'7", "low activity" physical activity level and calculated the median BMI, subtracted 10kcal/day (men) and 7kcal/day (female) for each year over 30.

³ Acceptable Macronutrient Distribution Ranges (AMDRs) for intakes of carbohydrates, proteins and fats expressed as % of total calories.

The values for this table were excerpted from the Institute of Medicine, Dietary Reference Intakes: Applications in Dietary Assessment, 2000 and Dietary Reference Intakes for Energy, Carbohydrates, Fiber, Fat, Protein and Amino Acids (Macronutrients) 2002.

⁴ Recent findings indicate People age 71 and older may require as much as 800 IUs(20ug) per day because of potential changes in people's bodies as they age.(Institute of Medicine 11/30/10)

The 2010 *Dietary Guidelines* recommend shifts in food consumption patterns, encouraging people to eat more of some foods and nutrients and less of others. The *Dietary Guidelines* encourage Americans to eat more: whole grains, vegetables, fruits, low-fat or fat-free milk, yogurt and cheese or fortified soy beverages, vegetable oils such as canola, corn, olive, peanut and soybean, seafood. And the 2010 *Dietary Guidelines* recommend eating less: added sugars, solid fats, including trans fats, refined grains, and sodium. (ADA press release January 31, 2011)

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New Jersey Guide for Meal Planning

(Minimum requirement Version) Model to meet 1/3 of the RDI and US Dietary Guidelines for Americans
 Based on a combination of the USDA Food Guide and DASH Eating Plan
 Calorie range: 650-950 per meal

Food Group	Minimum Number of Servings			Serving Information
	1 meal	2 meals	3 meals	
Vegetables and Fruits	2-3serv.	4-6 serv.	6-9 serving	<p>Serving Sizes</p> <ul style="list-style-type: none"> • 1 cup raw leafy vegetables • ½ cup cooked vegetables • 6 oz vegetable juice • 1 medium fruit • ¼ cup dried fruit • ½ cup fresh, frozen, or canned fruit • 6 oz fruit juice • 1/8 melon <p>Starchy Vegetables</p> <ul style="list-style-type: none"> • 1 small potato, or ½ large potato or ½ cup mashed potatoes • ½ cup sweet potato or yams • ½ cup corn, winter squash, sweets peas or lima beans <p>Special Instructions:</p> <ol style="list-style-type: none"> 1. Provide high Vitamin A vegetable (dark-green, red and orange) at least three (3) times per week. 2. Provide a Vitamin C source daily 3. Limit starchy vegetables to one serving per meal 4. Limit the use of canned vegetables containing salt/sodium.
Lean Protein Sources	3 oz or equivalents	4 -6 oz or equivalents	6 -8 oz or equivalents	<p>Serving Sizes</p> <ul style="list-style-type: none"> • 1oz cooked lean meat, poultry, or fish • 1/3 cup or 1 ½ ounces nuts • 2 Tbsp or ½ ounce seeds • ½ cup cooked dry beans or peas • 1 egg • 1 oz low- fat cheese • ½ cup low-fat cottage cheese • ¼ cup tofu (bean curd) <p>Special Instructions</p> <ol style="list-style-type: none"> 1. Limit processed, smoked or cured meats to no more than once per week (smoked ham, sausage, cold cuts etc.) 2. Meats should be baked, broiled , grilled or roasted 3. Fish (a good source of omega-3 fatty acids) should be included regularly as feasible 4. Use reduced sodium cheese as is feasible
Skim or Low-Fat Milk and Dairy	1 serv.	2 serv.	3 serv.	<p>Serving Sizes</p> <ul style="list-style-type: none"> • 8 oz milk (fortified with Vit. D) or 8oz soy milk (fortified with Calcium and Vit. D) • 1 cup yogurt • 1 ½ ounces cheese <p>Special Instructions</p> <ol style="list-style-type: none"> 1. Use fat free (skim) or low-fat milk (1%) and reduced fat cheeses 2. Products fortified with Vitamin D 3. Cheese (low fat / reduced sodium) can not be used as both a protein source and milk alternative at the same meal

Grains	2 serv.	4 serv.	6 serv.	<p>Serving Sizes</p> <ul style="list-style-type: none"> • 1 slice bread (1oz) • ½ English muffin, bun, small bagel, or pita • 1-6 inch tortilla • 4-6 crackers • ¾ cup dry or ready to eat cereal • ½ cup cooked pasta, rice, noodles , bulgur, barley or cereal • 1 ¼’’ square of cornbread • 1-2’’ diameter biscuit or muffin <p>Special Instructions</p> <ol style="list-style-type: none"> 1. Whole grain products are encouraged. Brown rice may be used as an inexpensive whole grain product 2. Limit use of high fat and sodium containing quick breads
Oils and Fats	1 serv.	2 serv.	3 serv.	<p>Serving Sizes</p> <ul style="list-style-type: none"> • 1 tsp soft margarine • 1 Tbsp low fat mayonnaise • 2 Tbsp light salad dressing • 1 tsp vegetable oil <p>Special Instructions</p> <p>Use a variety of liquid oils including olive, corn, sunflower, canola, peanut safflower, and soybean</p>
Desserts	optional	optional	optional	<p>Special Instructions</p> <ol style="list-style-type: none"> 1. Nutrient rich desserts containing fruit, whole grains, low-fat milk product(apple crisp with oatmeal topping, low fat pudding, gelatin with fruit, low-fat ice cream or frozen yogurt should be used most frequently. 2. Cakes, pies and cookies (high in fat and sugar) should be used less frequently.
Beverages	optional	optional	optional	<p>Special Instructions</p> <p>Water and unsweetened beverages should be provided with meals to promote hydration and aid with digestion</p>

Reference: U. S. Department of Health and Human Services. *Facts about the DASH Eating Pattern.*

*New Jersey Department of Health and Senior Services
Division of Aging & Community Services*

Nutrition Program Quarterly Report

County: _____

Program

Director: _____

Nutritionist: _____

Report Period ____/____/____ to ____/____/____ **Quarter** 1 2 3 4
(circle)

Signature : Executive Director, AAA _____

1. NUTRITIONIST MENU CERTIFICATION

I certify that the Title III C meals and menus provided in _____ County contain at least one-third of the current DRI as established by the National Academy of Sciences. Institute of Medicine. Food and Nutrition Board. Menus and analysis are available for state review, and are kept on file for a minimum of three years. **Nutritionist Signature:** _____

2. NUTRITIONIST REPORT: ADMINISTRATIVE & CLIENT SERVICES:

Activities this Quarter	Place X by all activities completed	Indicate the number of hours spent completing each activity for the quarter	
		Staff	Consultant
Nutrition Education / Planning and Presentation One visit per site per Quarter			
Nutrition Counseling / Assessment Congregate Clients Review of Nutrition Screening and Client Progress / Reports			
Nutrition Counseling / Assessment Homebound Clients Nutrition Screening / Home Visits Client Progress Reports			
Menu Planning, Review, and Nutritional Analysis			
Monitors Food Service: At Congregate Sites / Home Delivered Routes Number of Sites in Program:			
Staff In-service Training (Twice/Annually)			
Technical Assistance Provided: Special Projects/Initiatives (Itemize Below or separate page)			

**DEPARTMENT OF HEALTH AND SENIOR SERVICES
Division of Aging and Community Services**

Project Name _____

Project Number _____

Dates of Report ___/___/___ to ___/___/___

County _____

3. Nutritionist's Quarterly NAPIS Data Report

SERVICE: NUTRITION EDUCATION

Code: 438 1 Unit = 1 session per participant

QUARTERLY SERVICE

INFORMATION *

Total Units/ Qtr	Hisp/ Latino	White Hisp/ Latino	Am Indian/ Native Alaska	Asian	Black/ Afro American	Missing	Native Hawai/ Other Pacific Island	White / Non Hisp	Other	Frail	Vulnerable	Minority Poverty	White Poverty	Lives Alone	#ADL	# IADL	# at High Nutrition Risk
Congre															N/A	N/A	
HDM																	

***Note: Units for Nutrition Education both Congregate and HDM, is one session per participant (The total number of participants in the class for congregate. The total number of nutrition education pamphlets sent to HDM participants)**

SERVICE: NUTRITION COUNSELING

Code: 438 1 Unit = 1 session per participant

QUARTERLY SERVICE INFORMATION *

Total Units/ Qtr	Hisp/ Latino	White Hisp/ Latino	Am Indian/ Native Alaska	Asian	Black/ Afro American	Missing	Native Hawai/ Other Pacific Island	White / Non Hisp	Other	Frail	Vulnerable	Minority Poverty	White Poverty	Lives Alone	#ADL	# IADL	# at High Nutrition Risk
Congre																	
HDM																	

*****Person at High Nutritional Risk = Persons determined to be at high nutritional risk using the Nutritional Screening Checklist with score of 6 or more, and NJ Ease Comprehensive Assessment Instrument.**

4. Quarterly Wait List Information

- a) Please Circle Quarter 1 2 3 4
- b) County & Program Name: _____
- c) Check if your programs have waiting lists at this time:
- d) Number of Clients on Congregate Waiting List as of last quarter:
- e) Number of Clients on Home Delivered Waiting List as of last quarter:
- f) Number of Clients on Waiting List for Weekend HDM's as of last quarter
- g) Background Information on the status of Waiting List: Please Explain

5. Additional Information you would like to share (Nutrition education topics or staff training you would like to share **send electronically**, Accomplishments since the last quarter) **Attach Support Documentation**

Fourth Quarter Only Annual Nutrition Risk Report

New Jersey Department of Health and Senior Services

Division of Aging and Community Services

NUTRITION SCREENING ANNUAL REPORT SUMMARY

COUNTY: _____

PROGRAM: _____

DATE: _____

CHECK ONE: CONGREGATE _____

HOME DELIVERED _____

NUTRITION SCREENING FINDINGS

HIGH NUTRITIONAL RISK**	
Identify Clients with Nutrition Screening Survey Score of 6 or Higher	
NUTRITIONAL RISK SCORE	NUMBER OF UNDUPLICATED CLIENTS
0-2 Good Score	
3-5 Moderate Nutritional Risk	
6 or More High Nutritional Risk **	

Number of Surveys Administered Per Quarter

Q-1 _____ **Q-2** _____ **Q-3** _____ **Q-4** _____ **TOTAL** _____

County/AAA: (Check Here to Indicate this is a County Total) _____

Please Note if you are using SAMS assessment you will only have High risk

Facility Use Agreements

The Area Agency on Aging must assure that all nutrition sites, meal preparation facilities, and dining areas have current written agreements with the organization providing facilities to establish: 1) maintenance responsibilities; 2) budgeting requirements; 3) scheduling priorities; 4) equipment, furnishings and areas available for program use. Current written agreements should include:

A. Requirements and Responsibilities

1. Length and terms of the contract
 - a. Rental fees should be negotiated where appropriate.
 - b. Days of operation, operating hours, and advanced notification required by each party for exceptions to normal days of operation.
 - c. Minimum space required (For dining allow approximately 15 – 20 sq. ft. per participant.)
 - d. Average number of meals to be served daily.

2. Actual facilities to be used
Specific rooms should be listed; (i.e. hall, restrooms, kitchen (with hot and cold running water, use of stove, and/or other cooking equipment, steam table, refrigerator/freezer and adequate counter or table space), cloakroom or hanging space for wraps, parking use, office space where applicable, additional room for meetings, secured storage space for foods, separate storage for cleaning supplies, minimum (68) and maximum (78) temperatures and where applicable, the use of air conditioning or other ventilating equipment. Space and equipment to maintain files and records.

3. Responsibility for recurring expenses including:
Utilities, phone, snow removal, garbage removal, pest control, equipment repair etc

4. Care and maintenance of the physical facility
Include sanitation of restrooms and common areas, cleaning range hoods, fans, furnace vents, daily light maintenance, expected heavy maintenance, i.e. window and wall washing, grease trap cleaning, painting, floor scrubbing, waxing and other cleaning.

5. Responsibility for installation and ownership of special equipment

Include items such as phone, food warming/steam table, refrigerator, freezer, range, three compartment sink, signs or bulletin boards.

6. Insurance coverage for items owned by the project and personal liability insurance.

7. Specific job descriptions for facility staff not directly employed by the nutrition program.

Facility Use Agreements (cont.)

8. Conditions of termination of the agreement.

9. Responsibilities for compliance with all Federal, State and local laws and codes, including NJAC 8:24-1, "Chapter 24 Sanitation in Retail Food Establishments and Food and Beverage Vending Machines" fire code, and building code (Certificate of Occupancy where appropriate).

B. Furnishings and Food Service Equipment

1. All furnishing, including tables and chairs, must be sturdy and appropriate for older persons. (Comfortable lounge chairs, television sets, game tables, etc. may be included.) Specify ownership, exclusive use of, maintenance and cleaning responsibilities of all furnishings and equipment.

2. Outline responsibility for minimum compliance, (i.e. installation of a three compartment sink, range, exhaust systems, refrigerator, freezer, plumbing and other maintenance items) with State Health Department requirements.

3. Insure accessibility to dry storage for disposable paper products, utensils, pots and pans, coffee urns, etc. supplied by the program.

4. Additional equipment may be needed depending on the type and extent of the menu being provided, i.e. special diets, kosher service and home delivered meals, or on-site meal preparation. All such equipment and facilities must be in compliance with NJAC 8:24-1, "Chapter 24 Sanitation in Retail Food Establishments and Food and Beverage Vending Machines"

Sample Policy

Guidelines for Dealing with Special Circumstances

In order for Nutrition Program participants to fully benefit from the available social and nutritional opportunities, it is essential to recognize behaviors that can be problematic and/or unsafe and to formalize appropriate and consistent guidelines through the use of written protocols. To assure orderly operations and provide the best possible nutrition site environment, the program expects participants to follow rules of conduct that will protect the interests and safety of all and the public. Disruptive behavior is defined as that activity which impinges on the rights, privacy or physical and/or emotional well being of others. The following will serve as some examples of unacceptable or disruptive behaviors:

- Harassment, discrimination of any nature, or disrespect
- Substance abuse
- Use of profanity, verbal, emotional or physical abuse or threats
- Inappropriate sexual behavior
- Unsafe behaviors (i.e. endangering personal safety or safety of others)
- Personal hygiene issues

Each incident of disruption should be examined for appropriate action to be taken by program staff. Consideration needs to be taken of the severity of the disruption when determining the restrictions or corrective measures to be imposed. Individual programs should also have written grievance procedures and an appeal process which clients or their caregiver may use following the imposed action of the Nutrition Program.

Nutrition Program: Notification of Facility Change

Date Submitted to DHSS _____

County: _____	Program # _____	Program Name: _____	Date of Change: _____
Type of Facility (✓ all that apply)	Senior Center _____	Multipurpose Center _____	Focal Point _____
Type of Change (✓ all that apply)	Relocation _____	New Establishment _____	Closing/Consolidation _____

	Present Location	Projected Location
1. Name, Address, Phone Number Director/Site Manager Name		
2. Number of elderly served and to be served	Congregate Home Delivered	Congregate Home Delivered
3. Percent of low-income Served and to be Served	Congregate Home Delivered	Congregate Home Delivered
4. Percent of minority served and to be served	Congregate Home Delivered	Congregate Home Delivered
5. Amount of usable floor space a. Square feet maximum b. Square feet available	Square feet Square feet	Square feet Square feet

Nutrition Program: Notification of Facility Change

<p>6. Is site located within walking distance of majority of the older population? Is change of facility within same geographic area?</p>	
<p>7. Is Transportation a. Available b. Necessary Identify Provider</p>	
<p>8. Does site meet requirements : <i>Sanitation Inspection</i> a. Life Safety Code- 1973 edition b. NJ State Sanitary Code c. Section 504, Rehabilitation Act 1973</p>	
<p>9. What food preparation and/or food service facilities are needed and available if needed?</p>	
<p>10. List renovations made to or to be made to make site operable. Identify source of funds and list individual costs.</p>	
<p>11. List equipment purchased or to be purchased to make site operable. Identify source of funds and list individual costs.</p>	
<p>12. List all other costs incurred or anticipated to incur.</p>	

